



UNIVERSITY  
OF TASMANIA

# MAKING CONNECTIONS in AGED CARE



THE PARK GROUP

**The Report on the Residential Aged Care Preceptor Project**

# **Making Connections in Aged Care:**

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Andrew Robinson, Katrina Cubit, Bronwin Francis, Rosalind Bull,  
Julie Crack and Yvonne Webber

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## GLOSSARY

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ACA1 – Aged Care Assessment Team

ANHECA – Australian nursing homes and extended care association limited

CEO – Chief Executive Officer

DON – Director of Nursing

ECA – extended care attendant

EN – enrolled nurse

RCS – resident classification scale

RN – registered nurse

TSoN – Tasmanian School of Nursing

## EXECUTIVE SUMMARY

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### Background

In Australia there are longstanding concerns regarding recruitment and retention of registered nurses into aged care contexts. Such difficulties are aggravated in Tasmania by the limited exposure of undergraduate nursing students to the sector. This has undermined the ability of providers to attract new graduates and frustrated the professional development of nurses in the sector. Moreover, anecdotal evidence suggests that previous attempts to place student nurses in aged care only served to reinforce ageist attitudes and a resolve among students not to choose aged care as a career option.

The Residential Aged Care Preceptor project arose out of a need to address these concerns. The intent was to provide students with a positive experience in what is a rapidly expanding area of nursing practice. The decision to undertake the project also reflected a growing realisation that if the situation were to improve, both student nurses and their registered nurse preceptors needed to be appropriately supported during clinical practicums. This resulted in the formation of a partnership between the School of Nursing, University of Tasmania, the Park Group, and Masonic Homes of Northern Tasmania. The partners agreed to fund and support a project designed to introduce student nurses to the intricacies of aged care nursing within a supportive environment.

### Project design and methodology

The project structure involved two distinct stages conducted over two semesters within Cosgrove Park and Masonic Homes of Northern Tasmania. In all this involved 26 undergraduate student nurses (13 each semester) and 17 Registered Nurse (RN) preceptors who had a responsibility to:

- work one on one with students
- teach, supervise and evaluate their practice
- serve as a role model
- encourage independence
- promote a positive self image and confidence
- facilitate skill development
- orientate and socialise students to the workplace and also to nursing culture

In order to provide an effective support structure for both students and their preceptors, the project was structured around a fourth generation evaluation model. Implementing this model involved:

- separate weekly parallel focus groups where students and preceptors discussed their experiences of being a preceptee/preceptor. In this project these discussions were

audiotaped and transcribed;

- development of case notes from the audiotape transcripts, which were returned to the respective participants. These highlighted key themes and issues arising from the discussions and provided both students and preceptors with an opportunity to revisit and reflect upon the issues raised, and to act as markers of progress;
- implementation of a feedback loop between the two groups through an independent third party. This gave the students and preceptors an opportunity to give and receive feedback in a non-threatening manner.

These mechanisms were designed to facilitate the development and evaluation of strategies to enhance teaching and learning in the aged care context.

## **Key findings**

### **The context of the project**

- There is a recognised problem in recruiting and retaining registered nurses in aged care.
- Anecdotal evidence suggested that aged care nurses felt ill equipped to act as preceptors to undergraduate nursing students.
- There is an absence of literature, which addresses effective strategies to facilitate teaching and learning for student nurses involved in clinical practicums in aged care.
- A growing body of literature suggests that preceptorship is an effective approach to facilitate student nurses' skill development and socialisation into practice.
- The literature also highlights concerns regarding the effectiveness of preceptor preparation programs with evidence suggesting the need to adopt a more collaborative approach.

### **Organisational considerations**

- The staffing mix is unique to the aged care context. Consequently, Enrolled Nurses (ENs) and Extended Care Assistants (ECAs) worked with students in providing care to residents under the supervision of Registered Nurses (RNs).
- Given the involvement of other staff (ECAs etc) in the clinical education of students in aged care contexts, the findings demonstrate the importance of supporting these staff by:
  - ❖ informing them of the students' arrival in the facility, the nature of their program and their learning needs;
  - ❖ helping these staff to develop strategies to effectively support the students in practice and facilitate teaching and learning.

- The findings demonstrate the importance of continuity between preceptors and students. Continuity between the two:
  - ❖ allowed the preceptor and preceptee to develop a rapport and a sense of collegiality that assisted the students to gain confidence and facilitated the achievement of competence;
  - ❖ made it easier to both identify and then pursue the types of practice experiences that the student required — continuity enabled the preceptor to more readily assess progress and thereby facilitate opportunities for teaching and learning in response.
- In the first instance, students struggled to make sense of the organisation of care within the setting. In the context of being educated to support a holistic approach to nursing practice, they found the division of labour (activities, tasks) between RNs and ECAs perplexing.

### **Facilitating teaching and learning**

- In general the aged care nurses were anxious at the prospect of assuming the role of preceptor and had reservations about their ability to perform appropriately.
- The preceptors enthusiastically embraced the opportunity to participate in the project, evidenced by their:
  - ❖ consistent attendance at project meetings, including numerous occasions when they attended on their days off;
  - ❖ enthusiasm with which they took up the challenge to provide the students with a positive learning experience;
  - ❖ commitment to portray aged care in a positive light;
  - ❖ seeking out opportunities to enhance the students clinical experience;
  - ❖ being responsive to student concerns conveyed through the project feedback loop.
- Welcoming and making the students feel accepted within the agencies was critical to facilitating teaching and learning and the preceptorship process. Feeling welcome was central to the development of rapport between student and preceptor, which in turn encouraged students to take a proactive role in determining their learning needs. The importance of feeling welcome was further highlighted by the high level of anxiety reported by students on entry to practice.
- It was important for preceptors to acknowledge that students have varied backgrounds, as some had quite extensive experience working as ECAs in aged care. This means it is imperative that preceptors have a good understanding of students' past experience when developing and implementing strategies to facilitate teaching and learning.
- The students entered practice with very broad learning objectives. In the first instance, the practice rotation provided them with the opportunity to develop a better understanding of the learning opportunities available in the aged care environment. In many respects, it was

necessary to determine this in order to identify specific learning objectives that would facilitate their knowledge and skill development.

- A significant number of students found aged care nursing confronting. This meant that a key role for preceptors was to 'demystify' the provision of care and assist students to develop a better understanding of the underlying pathophysiology /psychopathology, which manifested in 'unusual' behaviour among residents. This was particularly relevant to residents with dementia. As such, findings highlight the importance of preceptors in helping the students to make sense of their experiences.
- Many novice students reported feeling confronted with the sight of old and 'wrinkly' bodies and with the process of providing 'body care'. This highlights the need for preceptors to adopt a sensitive approach when introducing students to these activities.

### **Changes in practice**

- Early in the practicum the novice students reported learning primarily through observation. However, in the context of a supportive environment they quickly moved into the provision of 'hands on' care. The students reported that at times it was important that the preceptors encouraged and supported them to 'move out of their comfort zone'. However, it must be noted that the level of rapport existing between the student and their preceptor largely determined their response to such encouragement.
- As students' supported engagement in practice progressed:
  - ❖ their competence and confidence improved. Increased confidence related to a greater familiarity with the workplace and the respective institutions. Significantly, this was critical to their taking a more active role in determining the nature of both their clinical practice and learning;
  - ❖ they embraced the opportunity to determine the nature of their clinical practicum, and experienced a heightened recognition of the relevance of aged care nursing to their practice. In the process, they were able to synthesise their practical experience with issues raised in other units of the Bachelor of Nursing;
  - ❖ their dominant interest shifted from the attainment of technical competence in the performance of tasks to the development of assessment and communication skills. Importantly, with this change in focus it became increasingly important to get to know the residents as people. Implicit in this was students' developing an appreciation that the residents once led an active life, were part of the community, and contributed to society in many positive ways. In the process students made the transition to viewing residents from a holistic perspective rather than as a body on which to complete certain tasks;
  - ❖ their attitude toward the elderly people and the possibility of working in aged care was positively influenced.
- The preceptors reported that their confidence grew as they began to feel more comfortable with their role, noting that:

- ❖ preceptorship was a complex, demanding and at the same time a rewarding role, largely due to the need to constantly interact with students;
- ❖ students challenged preceptors by highlighting tensions between the reality of practice and what they had been taught (theory);
- ❖ working with students motivated preceptors to engage in professional development activities and critically reflect on their own practice.

### **The value of participation in the project**

Both preceptors and students consistently reported the importance of participation in the project in facilitating the clinical practicum. Issues highlighted include:

- participation in the project meetings, combined with the feedback from the preceptors, gave the students 'permission' to be more proactive in pursuing their learning needs. Participation also gave the students the opportunity to hear each others stories of practice which highlighted the similarity of experience. This broke down the sense of isolation that often accompanies clinical practicums of this kind;
- the project meetings provided the preceptors with the opportunity to legitimately meet and discuss issues which facilitated both professional and program development initiatives;
- participation in the project meetings combined with the feedback from the students, provided the preceptors with the opportunity to reflect on their preceptorship practices and facilitated the development, implementation and evaluation of teaching and learning strategies
- The case notes developed from audiotaped transcriptions of the project meetings gave the preceptors and students the opportunity to reflect on their practice experiences, as well as acting as markers of progress.

## Recommendations

A number of recommendations have been developed from the findings of this project. They include:

1. **Registered nurse preceptors in aged care require ongoing support to develop their role with students.**

Specific strategies to facilitate this include:

- Preceptors should have the opportunity to meet prior to students' entry into an aged care facility to familiarize themselves with the students' academic program and associated expectations of practice. This should inform the development of structures and processes to effectively support students' entry to practice.
- When students are in practice it is recommended that preceptors attend weekly meetings where they have the opportunity to share their experiences and collaborate in developing strategies to facilitate teaching and learning.
- If possible such meetings should be facilitated by an independent third party. The clinical teacher generally assigned to support students in practice is ideally situated to fulfil this function.
- In the context of an independent third party facilitating the process, a feedback loop between preceptors and students should be instituted, where the preceptors themselves determine what information is or is not fed back.

2. **Acting as a preceptor to undergraduate nursing students in the aged care context is multifaceted. Therefore Registered Nurses undertaking this role need to be aware of the complexities involved.**

Specific strategies to facilitate this include:

- Preceptors should acknowledge the critical importance of welcoming the students and facilitating their acceptance into the facility, to establishing a productive learning environment.
- Preceptors need to recognise that students have different backgrounds and learning needs, solicit this information, and structure their teaching in response.
- Preceptors must be aware that *novice* students entering a new facility are highly anxious and will often feel most comfortable to begin their experience in an observational role. However, preceptors should also be sensitive to, and aware of, the students' ongoing achievement of competence and confidence, and structure their teaching in response.
- Preceptors should acknowledge that a key role of the preceptor is to 'demystify' aged care and highlight the complexity and intricacies of aged care nursing.
- Preceptors are encouraged to support the integration of ECAs and ENs, who may work with students under supervision, by briefing them on the students' capacity, learning

needs, and appropriate strategies to facilitate teaching and learning.

- 3. Facilitators of clinical practicums should make a concerted effort to achieve a high level of continuity between students and their preceptors.**

Continuity is critical to the development of rapport, the ongoing assessment of student performance, and the subsequent implementation of appropriate teaching and learning strategies.

- 4. Student nurses engaged in clinical practicums in aged care contexts require ongoing support to fulfil their learning potential.**

Specific strategies to facilitate this include:

- students should attend weekly meetings where they have the opportunity to share their experiences and collaborate in developing strategies to facilitate their learning in practice.
- If possible such meetings should be facilitated by an independent third party. As in the case of the preceptors outlined above, the clinical teacher generally assigned to support students in practice is ideally situated to fulfil this function.

- 5. A feedback loop should be instituted between the preceptor and student groups to enable preceptors and students to give and receive feedback, in a non-threatening environment, on each other's issues and concerns.**

The feedback loop should function on the basis that preceptors and students decide what information is, or is not conveyed, to the other group. An independent third party, such as a clinical teacher, should operationalise the feedback loop.

- 6. Further studies be conducted into the appropriate strategies to precept nursing students in aged care contexts.**





# 1 INTRODUCTION

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The recruitment and retention of nurses into aged care has become an increasingly important issue. For some time, peak bodies such as Aged and Community Services Australia and the Australian Nursing Homes and Extended Care Association Limited (ANHECA) have been concerned by problems with recruitment and retention of registered nurses, and the lack of promotion to entice nursing graduates to work within the industry. These problems have been compounded by negative media attention regarding the quality of care provided in the aged care sector. In Tasmania, difficulties associated with recruitment have been aggravated by the extremely limited exposure of undergraduate nursing students to the sector. While the State has a history of nursing students participating in clinical placements in aged care organisations, such arrangements have not been ongoing. This has frustrated the ability of aged care providers to attract graduates, and has undermined the ongoing professional development of nursing staff that accrues through their association with student nurses in practice.

The relative absence of Tasmanian undergraduate students in aged care in part reflects the need to develop links between the industry and the Tasmanian School of Nursing. Additionally, there is anecdotal evidence to suggest that like many of their colleagues in acute care, aged care nurses struggle to effectively facilitate the clinical education of undergraduate nursing students at an optimal level. These issues need to be addressed if the quality of students' learning is to be maximised and RNs are to successfully act as preceptors to facilitate their clinical education and interest in aged care. Indeed, past experience highlights that without adequate preparation and support, registered nurses and students experience difficulty in achieving positive learning outcomes. This also impacts on recruitment later on.

Supporting students in practice is often provided through preceptorship programs, where they are allocated a preceptor on every shift they work. In this project, the intent was to utilise a collaborative preceptorship model, as this is recognised as an effective way to facilitate teaching and learning in clinical practice. Collaborative preceptorship programs offer participants, both students and their preceptors, an opportunity to develop strategies that facilitate teaching and learning in practice in ways that account for local and contextual needs (Robinson, McInerney, Sherring and Marlow 1999). In the context of this study this was important, because there is little information that addresses the issues around promoting a positive learning environment for undergraduate students in aged care. As such, this project has a focus on exploring the experiences, issues and concerns of students and their preceptors during a clinical practicum in a residential aged care context. The intent is to articulate a set of principles that will inform the development of structures and processes to facilitate effective undergraduate teaching and learning in aged care contexts. With this in mind, two groups of second year nursing students, of mixed ages and with variable experience in caring for elderly people, participated in a three-week clinical practicum in two residential aged care facilities. The first group were involved in Stage One of the project and began their practice in Semester One, 2001. In general the members of this student group had not been engaged in a clinical practicum prior to commencing work in one of the aged care facilities participating in the project. Prior to participating in this project, the second group of students, who were involved in Stage Two of the project, had already completed a three-week clinical practicum in an acute hospital.



## 2 REVIEW OF THE LITERATURE

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### 2.1 Australia's ageing population

Concerns with the recruitment and retention of nurses into aged care practice are highlighted by the growing demand for aged care services. This is most apparent as the population of Australia continues to age (AIHW 1997; ABS 2002; AIHW 2002), with the 75 and over age group, who are the highest users of services, increasing most rapidly (AIHW 1997). In 1999 people aged 65 and over constituted 12% of the Australian population (ABS 2000:2); this figure rose to 12.6% in 2001 and is predicted to rise to 24–27% in 2051 (ABS) 2000:2). Associated with the growth in the aged population is the increasing use of health care services, a higher risk of severe disability, and the need for residential care and institutional health services (Gibson 1996; Nay and Close 1999). Currently just over 5% of Australians over 65 years old live in aged care facilities (AIHW 2002).

### 2.2 The provision of residential aged care services

The students who participated in this project engaged in a clinical practicum in a residential aged care facility. It is important to provide a brief overview of the provision of residential aged care services as this provides a global perspective of the context in which the students were engaged in practice.

The residential aged care system has undergone significant changes over the past two decades. The system traditionally was divided into nursing home (high-level) and hostel (low-level) care (Flicker 2000). The introduction of the *Commonwealth Aged Care Act 1997* combined the two categories, enabling aged care facilities to care for residents of any degree of dependency with the Ageing in Place policy (Gibson, Rowland, Braun & Angus 2002:1,2). The funding tool used by residential aged care services was simultaneously replaced with the Resident Classification Scale (RCS) where subsidies are allocated according to the resident's level of dependency, subject to an Aged Care Assessment Team (ACAT) approval (Gibson, Rowland, Braun and Angus 2002:2).

The need for skilled nursing staff in aged care is highlighted by evidence that the dependency levels of residents in aged care facilities are continuing to rise (Gibson et al. 2002:2). In June 2001 63% of residents were classified as requiring high care (RCS categories 1–4), compared with 58% between 30 June 1998 and 2001, while 42% of residents required low care (RCS categories 5–8) in the 1998 to 2001 period. This figure fell to 37% in 2001 AIHW (2002:6). Combined with an increase in the numbers of residents with challenging behaviours (Mott and Kingsley 1999), this emphasises the importance of adequate preparation and support for the students both before and during their aged care experience.

## 2.3 Negative images associated with ageing

In response to the overwhelming concern about the negative attitudes toward older people, the Tasmanian Plan for Positive Ageing (1999:10) highlights the importance of placing nursing students in aged care facilities. Indeed Edgar (1991:15) reports that the term 'aged' is often associated with negative images and 'bound up with fear, stereotypes and alarmist projections about the implications of an ageing population'. Braithwaite, Gibson and Holman (1986:315) acknowledge the significant body of literature referring to the entrenched negative stereotyping of the elderly and argue the 'stereotypes of old age' include 'such characteristics as helplessness, dependency, illness, feebleness, passivity, irritability, rigidity, forgetfulness and general decrements in cognitive processing'.

According to Koch and Webb (1996:957) the biomedical construction of old age has implications for the way people, particularly nurses, view older people. They cite Victor (1987) who states 'the notion of "wear and tear" is probably the oldest perspective, and can be traced to the ideas of Aristotle'. In keeping with this perspective, it is suggested that nurses 'have succumbed to the negative stereotyping of old age by associating it with decay and deterioration' (Koch and Webb 1996:958; Herdman 2002). Given this, it is not surprising to find that many scholars argue that ageist attitudes continue to exist within the health care settings (D'A Selvin 1991; Lookinland and Anson 1995; Grant 1996; McMinn 1996; Grimley Evans 1997) and that the stereotyping of elderly people has contributed to their development (Braithwaite, Gibson and Holman 1986). For example, the results of a recent study, conducted in Australia and the United Kingdom, clearly demonstrate the participating nurses devalued and held negative attitudes toward elderly people (Gething, Fethney, McKee, Goff, Churchward and Matthews 2002).

Stevens and Herbert (1997 cited in Gething et. al. 2002:74) argue that ageism is expressed in a number of ways in the Australian health care system. They maintain that while our system places value on increasing efficiencies through an emphasis on 'cure' and the use of 'high-tech' equipment, older people impede this focus (Stevens and Herbert 1997 in Gething et.al. 2002:74). Indeed, it is widely recognised that ageing is often associated with chronic illness and disability (D'A Selvin 1991; Nay 1992; McMinn 1996; Nolan 1998; Hall 1999), conditions that are not often associated with the curative intent of the medical interests (Chinn 1996). Nurses who share this focus believe the aged care industry has less to offer than acute care (Street 1992). This has obvious implications for recruitment and retention to the sector and has, in turn, influenced the perception by the nursing profession of aged care as a low status speciality, with some literature reporting that nurses who provide care to elderly people feel marginalised (Nay 1992; Hall 1999). In these circumstances it is inevitable that the attractiveness of aged care nursing will be compromised (Nay 1992; Stevens and Crouch 1992; Stevens and Crouch 1995; Brown 1998; Nay and Close 1999).

## 2.4 Difficulties with recruitment and retention in aged care

While it is well recognised that nursing elderly people has a low status in an Australian context, there is a growing discourse which suggests that such constructions are increasingly subject to challenge. For example, an article in the *Nursing Review* (Anonymous 2002:iv) reports that while '[s]ome might suggest that aged care nursing isn't as glamorous as nursing in an emergency or intensive care setting', those working in the industry argue that their role is 'highly

skilled...complex, demanding but often professionally rewarding'. Scott (2000) concurs, arguing that residential aged care is an environment that is both challenging and rewarding, while some argue that it is also physically and emotionally hard work (Smith 1992; Hall 1999; Schumacher 1999).

Despite such challenges it is apparent that negative associations with aged care nursing persist. A recent study undertaken by the University of South Australia's Centre for Research into Nursing and Health Care, in partnership with the Aged Care Housing Group, sought to investigate issues that impact on registered nurses working in aged care and why it was becoming difficult to recruit and retain staff (Cheek, Ballantyne, Jones, Roder-Allen and Kitto 2002). The research highlights that although the role of the registered nurse is highly skilled, there are expectations to move beyond clinical care into areas that require significant educational support in order to update and acquire the required skill. The study also reported significant concerns with the completion of documentation associated with the Resident Classification Scale, a finding supported by other research (van der Spek 2001:64) and that this impacted on the recruitment and retention of registered nurses in the sector. Further compounding these issues are the wage disparities between aged care nursing and other areas (Anonymous 2002:iv). Indeed, the Australian Nursing Federation (ANF) Federal Office recently released figures which show that wages for nurses in Tasmania who work in the private aged care sector are 20% lower than those in the public sector (ANF 2001). These issues highlight reasons why the aged care sector experiences difficulty recruiting students following graduation, and the interest the facilities participating in the study have in attracting student nurses during clinical placements.

## **2.5 Aged care and student nurses**

While the aged care industry experiences difficulties with recruitment and retention, the situation is further compromised by the negative attitudes of student nurses. McMinn (1996:20) reports that little has changed in student nurses' perceptions since 1969 when 'geriatric nursing was rated significantly below other specialties'. Indeed, the literature highlights that in the intervening years things have not changed. For example, following an evaluation of student nurses' career aspirations following graduation, Happell (1999(a);1999(b)) found that gerontological nursing was not considered in a positive light. She reported that students constructed caring for the elderly as tedious, repetitious and unchallenging and that novice nurses have a fascination with technology such that the appeal of 'high tech' nursing is pursued as a career option because they see it as positive and exciting (1999(a):503). Likewise, other studies indicate that students believe it is difficult to gain the required level of technical competence through providing care primarily to older people (Cubit 2000) and hold concerns they will not gain the necessary experience to 'hit the ground running' as new graduates (Greenwood 2000). Not surprisingly Stevens and Crouch (1998) report that student nurses prefer to enter practice in areas that they perceive to be 'hi-tech' and that they perceive are more able to provide them with a positive learning experience

Given these attitudes, in the context of this study it was important to investigate possibilities for 'turning things around'. There are numerous strategies outlined in the literature. For example, Harrison and Novak (1988) argue that nurses' knowledge and attitudes towards the elderly can be enhanced through an educational program. Other authors concur, suggesting that such programs should include information on healthy ageing which will undermine nurses' negative stereotypes and help them to differentiate between the processes of normal ageing and pathophysiology (Hartley, Bentz and Ellis 1995; Gething et al. 2002:78).

Alternatively, Stevens and Crouch (1998(b):160) argue that student nurses' perceptions of aged care can be related to the division of nursing roles into '“basic” and “technical” nursing'. They describe 'basic' nursing as the general care requirements of all patients and 'technical' nursing as those interventions relevant to that patient's specific 'disease process'. While the acquisition of technical skills is considered important, Melia (in Lawler (1991:31) states that 'basic nursing' as a term has fallen into disrepute. This is apparent in reports from research conducted by Francis (1998:38,39), which found that in acute contexts, the provision of 'basic' care is afforded a low priority by nurses. Similarly, Fassett and Gallagher (1998:52) argue the existence of a hierarchy of care that situates 'basic' care at the bottom. However, they caution against using the term 'basic' as it suggests that patients requiring this type of care could be seen 'as being less important'. Interestingly, they go on to argue in reducing 'this highly contextualised, sophisticated activity to the language of “basic” care is to never really understand or value how nurses manage people and their bodies' (Fassett and Gallagher 1998:52). This view is supported by van der Spek (2001) who argues the use of the term 'basic care' creates a tension for elderly people and those caring for them, as the language devalues both the carers and the elderly themselves.

Given the above findings, it was reasonable to expect the students entering the aged care facilities, as a part of this project, did not necessarily have a positive attitude toward the practicum. Indeed the above issues suggest that considerable work must be done if students are to gain an appreciation of the complexity and skills required to care for elderly people in an aged care facility. This foreshadows the importance of appropriately supporting undergraduate nursing students who participate in clinical practicums in residential aged care. In this project the decision to develop a preceptorship model was taken. Interestingly, no literature was found which directly addressed the process of preceptorship with undergraduate nursing students undertaking a clinical practicum in an aged care context.

## 2.6 Preceptorship in nursing

Historically nursing education was based in the hospital setting where students adopted a 'hands on' approach supported by theoretical components, similar to an apprenticeship. When, in 1993, nursing education moved into the tertiary sector, the assumption was still that the student would be 'enter[ing] clinical placements ready and able to undertake any normal everyday nursing activity required of the workforce' (Clare, Longson, Glover, Schubert and Hofmeyer 1996). Since then, the role of the mentor/preceptor has been realised as a way to support students through the transition between being a university student and a professional nurse (Clare et al. 1996; Spouse 1998). It has been argued that the clinical experiences of the student nurse are 'central to the development of nursing practice skills' (Nolan 1998), thus much emphasis is now being placed on the role of the preceptor.

Precepting or mentoring has existed in other professions, but has only recently been adopted by nursing (Watson 1999). In her review of the literature addressing mentoring, Watson discussed the historical origins of the term mentor, which date back to Greek mythology. At this time mentoring was 'described as nurturing, educative and protective. It ensured that as well as '...personal and social development, [they] were prepared professionally' (Watson 1999:255). Nursing, like many practice-based professions, has traditionally relied on clinical staff to support, supervise and teach students in practice (Benner 1984). This represents an attempt to bridge the gap between education and practice, to help practitioners achieve confidence and ease their transition into a new role (Allanach and Mowinski Jennings 1990; Usher, Nolan, Reser, Owens and Tollefson 1999). The term preceptor was introduced to nursing in relation to the facilitation of newly qualified nurses or nurses moving into new and unfamiliar areas of practice (Fowler, 1996, in (Watson 1999). While

there are differences in the roles of mentors and preceptors, many nurses use these terms interchangeably.

The adoption of preceptorship programs has experienced an increased use and gained importance in facilitating students in practice during the transition of nurse education to the university sector (McMurray 1986). This is evidenced by the rapidly increasing body of literature on this topic (Oullet 1993). Interestingly, however, the term preceptor in nursing literature has been poorly defined and has also been confused with and used interchangeably with terms such as mentor, peer supporter, coach and teacher (Phillips 1994; Andrews and Wallis 1999; Watson 1999; Lo and Brown 2000). The confusion in the literature between the terms preceptor and mentor, in particular, have led Hagerty in (Andrews and Wallis 1999) to refer to a 'definition quagmire' in which, despite the need for consensus, agreement regarding definition of the role and function of preceptor and mentor remains elusive. Neary (2000:469) argues that now many authors see a distinction between these terms. She refers to Armitage and Burnard (1991) who define a mentor as a person who develops a long term relationship with the aim of 'guiding the student towards an established place in a profession', and a preceptor as one who is focussed more on 'individualised teaching and support.'

Problems with defining the role of the preceptor is a frequent criticism of the body of literature concerned with preceptorship (Cahill 1996). The literature is also critiqued on the basis that it is anecdotal, and that the studies are small (Oullet 1993; Crawford, Dressen and Tschikota 2000) and contentious (Oullet 1993; Burke 1994). Cahill (1996) in particular is highly critical of the preceptorship literature, arguing that studies are usually descriptive, have small and unrepresentative samples, fail to differentiate between the terms preceptor and mentor, are incomplete methodologically, and impossible to replicate. In general, a preceptor is often described simply as someone who teaches, supervises and evaluates the practice of students (McMurray 1986; Busen and Engerbretson 1999). Usher et al (1999:507) expand on this definition, stating that a preceptor is 'an experienced practitioner who teaches, instructs, supervises and serves as a role model for a student or graduate nurse, for a set period of time, in a formalized program'.

The most commonly agreed on roles of the preceptor include working one on one with a preceptee in order to: teach and facilitate learning (Anderson 1991; Oullet 1993; Burke 1994; Atkins and Williams 1995; Busen and Engerbretson 1999); encourage independence (Anderson 1991; Busen and Engerbretson 1999); and promote a positive self image and confidence in delivering patient care (Zerbe and Lachat 1991; Busen and Engerbretson 1999; Usher et al. 1999). Preceptors are also said to bridge the gap between education and practice (McMurray 1986; Usher et al. 1999); aid skill development (Zerbe and Lachat 1991; Oullet 1993; Crawford et al. 2000); provide support (Burke 1994; Atkins and Williams 1995); and orientate and socialise preceptees to the workplace and also to the culture of nursing (Sharmain and Inhaber 1985; Zerbe and Lachat 1991; Burke 1994; Lo and Brown 2000). Chow and Suen (2001) adopted the English National Board's role description of mentors. Their research demonstrated how these roles – assisting, befriending, guiding, advising and counselling were also important.

Preceptorship programs, according to the literature, could thus be described as having much to offer the preceptee. However, the literature would suggest that the preceptor also benefits through the opportunity to share knowledge, and gain improved job satisfaction (Sharmain and Inhaber 1985; Lo and Brown 2000); as well as increase one's own knowledge base, stimulate thought and improve professional development (Sharmain and Inhaber 1985; Usher et al. 1999; Lo and Brown 2000).



## 2.7 Acting as a preceptor: current process

Substantive research into who should act as a preceptor and what constitutes adequate preparation for undertaking the role is limited. Some researchers (Piemme, Tack, Kramer and Evans 1986; Burke 1994 ) provide very prescriptive lists of attributes of the 'ideal' preceptor which, according to Burke (1994), serve to prevent most individuals from qualifying. The most commonly cited requirements for a preceptor are motivation with an interest in taking on the role (McMurray 1986; Burke 1994), as well as knowledge and experience of the area (Sharmain and Inhaber 1985; Gillings and Davies 1998). Other requirements for preceptorship are teaching, communication, and interpersonal skills (Sharmain and Inhaber 1985; Gillings and Davies 1998; Andrews and Wallis 1999). Although twelve months of experience in the area concerned is a generally agreed upon level of experience, Watson ( 1999) presented a study in which two thirds of the preceptors involved had been a graduate for less than twelve months. The eligibility criteria from the United Kingdom requires only six months experience post-registration (Ioannides 1999).

Being a preceptor is a complex role. In order to be effective, they need to assist others in benefiting from their experience and expertise (Cerinus, 1994). In this way, the importance of preparation for the role of preceptor is commonly expressed in the literature (Wright 1990; Cerinus 1994; Atkins and Williams 1995). There is a general consensus that preparation for preceptorship programs should include the principles of adult learning, an overview of the course and its content, strategies for teaching and learning, communication skills, conflict resolution and an understanding of feedback, assessment and evaluation (Piemme et al. 1986; Myrick 1988; Zerbe and Lachat 1991; Cerinus 1994; Usher et al. 1999). The inclusion of these goes only part way to identifying and addressing problems with preceptorship.

## 2.8 Problems with preceptorship

Being a preceptor is described as an 'intricate' process which nurses have taken on in addition to their usual duties (Rittman 1992:369). Issues relating to the preparation of preceptors through training programs are also outlined in the literature. The key issue appears to be the effects that accrue as a result of the introduction of economic rationalist reforms to health. According to Bain (1996), medical technology, financial constraints and health care restructuring have resulted in great change in nursing, and increased pressure and responsibilities for nurses (Barclay and Jones, 1996). For the past decade, there have been calls for the need to restructure the workload of nurses if they were going to work effectively as preceptors (Bain 1996). While Rittman (1992) states that nurses just 'know' how to meet these multiple demands in the rapidly changing environments in which they practice, Atkins and Williams (1995) would disagree. In their qualitative study exploring registered nurses' experiences of mentoring nursing students, participants related their difficulty in coping with the extra workload that was generated by working with a student. These nurses felt that the conflict between their responsibilities to the preceptee and their patients and colleagues was quite problematic. Nurses who also act as mentors are now recognised as having to 'carry unrealistically heavy clinical workloads which leave them little time for teaching' (Edmond 2001), with these multiple roles being problematic (Burke 1994; Ohrling and Hallberg 2000). Mentors in the United Kingdom have reported that they 'often did not have time to mentor to the level which they would like because there were too many demands on their time' (Lloyd Jones and Walters 2001). It comes as little surprise then, that there is a fear of 'burnout' among preceptors when they are asked repeatedly to assume additional obligations without appropriate support and reward (Usher et al. 1999).

In a context where there are ever expanding demands to provide support and educational direction to students and new staff, it is not surprising to find that a number of studies highlight the importance of preceptors getting appropriate support, acknowledgment and commitment from nursing management (Cahill 1996; Andrews and Wallis 1999; Usher et al. 1999) and educational institutions. Such acknowledgment and support is particularly important in addressing problems such as rostering and patient allocation. Indeed, the difficulties involved in coordinating preceptor and preceptee to work together have been identified in the literature. Whilst the need for a high level of contact between preceptor and preceptee is apparent (Andrews and Wallis 1999), many preceptees such as those in Watson's (1999) study of pre-registration nursing students' experiences and perceptions of mentoring, reported that there were interruptions in their period of preceptorship. Often, lack of managerial support resulted in the preceptor being rostered on to different shifts to the preceptee, night shift or holidays (Cahill 1996; Davis, Davis and Burnard 1997; Watson 1999). Given that working with a preceptee involves an increase in workload as argued above, the support of management is also important in the review and allocation of patients. As some authors maintain, preceptors need to be allocated patients with the demands of preceptorship in mind, so that the needs of the preceptee can retain first priority (Coty and Scott 1988; Atkins and Williams 1995; Ohrling and Hallberg 2000).

## **2.9 Preceptor preparation programs**

Preceptors have historically received little or no remuneration for their role (Hueston 1995), although a recent enterprise agreement in Tasmania now provides preceptors with additional payments (2002 Tasmanian Department of Health and Human Services Enterprise Bargain Agreement). This development is consistent with sentiments expressed in the literature which suggest that 'the creation and maintenance of a preceptor program requires expenditure and commitment by both educational institutions and clinical facilities' (Usher et al. 1999:507). However, despite being exposed to a preceptor program, research indicates that the 'investment may be lost if administrators fail to support preceptors' once they assume that role in practice (Dilbert and Goldenberg 1995:1144). Likewise, other research highlights a concern with 'burnout' and suggests nurses will not assume the role of preceptor without 'appropriate rewards and support' (Turnbull 1983; Morton-Cooper and Palmer 1993).

While there is a plethora of literature, which indicates that preceptors need adequate preparation, there is limited and inconsistent evidence to support the effectiveness of preceptor preparation programs. While many authors claim that preceptor preparation programs, such as preceptor workshops, are successful, the evidence to support this approach is limited and inconsistent (Myrick 1988; Ridley, Laschinger and Golderburg 1995). According to Robinson et al. (1999), the ambiguity surrounding the effectiveness of preceptor preparation programs, combined with a need to develop more collaborative strategies in nursing education, suggests that an alternative is required. The authors propose an approach that involves developing programs in partnership with practice with faculty members, nurses and students working together to open up opportunities that account for local and specific contextual issues which impact on teaching and learning in practice. Thus preceptors facilitate the development of effective strategies to meet the needs of preceptees as their competence and desire for independence increases (Robinson et al. 1999). The research (Robinson et al. 1999) demonstrates that adopting this framework is highly effective in facilitating a process where the stakeholders can collaborate in developing structures and processes to maximise the positive outcomes from preceptorship. These findings supported the adoption of a similar approach in this study, and like Robinson et al. (1999) the deployment of a fourth generation

evaluation methodology to facilitate the project. As the study conducted by Robinson et al. (1999)

is the only one of its kind, it forms the basis for the project assumptions.

### 3 PROJECT METHODOLOGY

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The intention of this project was to involve a group of undergraduate nursing students and their registered nurse preceptors in a process structured around a ‘fourth generation evaluation’ model (Guba and Lincoln 1989). The model involves the conduct of separate parallel focus group discussions with a feedback loop between the groups [See Appendix 9.1 for a graphical representation of this process]. The model is designed to facilitate communication between the two groups (in this case a group of student nurses and a group of preceptors), and works on the premises that:

- Different stakeholders have different constructions or beliefs regarding a particular situation in which they have an interest—for example, what strategies best facilitate teaching and learning?
- It is important to elicit the claims, concerns and issues of the stakeholders—for example, how do the students’ perceptions of their experience in practice compare with those of the preceptors?
- These claims, concerns and issues be exchanged in ways that make them understood, questioned and then taken into account – for example, giving both students and preceptors the opportunity to gain insights into each other’s practice.
- The negotiation and resolution of conflicting views through a process of exchanging perceptions, rationales, and experiences is necessary in order to improve the situation—for example, when students and preceptors gain insights into each other’s situations they can develop their practices accordingly (Guba and Lincoln 1989:72–74).

The Fourth Generation Evaluation Model enables participants to explore their situation and collaborate in developing new and innovative ways to practice. In the case of this project, this involved the development of a new and innovative preceptorship model that was responsive to the needs of both the nursing students and their preceptors within a residential aged care context. The collaborative agenda distinguishes this approach from other forms of inquiry because the decision making processes are placed in the hands of those actually involved (Street and Robinson 1995).

The implementation of a feedback mechanism between the groups is a process integral to the fourth generation model. This enables the members of both groups to have access to information relating to each other’s issues and concerns. The feedback loop creates a space where both students and their preceptors can develop and implement strategies to facilitate teaching and learning in ways which are responsive to their identified needs.

During the project, students were encouraged to ‘feedback’ issues, concerns and ideas for the preceptors to consider. In turn the preceptors addressed the students’ concerns and passed on comments to the students regarding their practice. The loop provided anonymity for both parties and a safe mechanism for both students and their preceptors to provide critical comment.

### 3.1 Story telling

The project meetings and the story telling provided a medium in which experiences, emotions and solutions of both preceptors and students could be discussed, shared and acknowledged. Evaluations of the project indicate that all those involved valued the meetings and sensed the process to be one safe enough and comfortable enough to engage in critical reflection. This became more evident as the weeks passed where they entered into a critical dialogic interaction both with the researcher and each other, discovering that they had common issues and concerns.

Lather (1991:63) argues that to gain an understanding of the participants 'a dialogic research design' is needed to ensure the participants are 'actively involved in the construction and validation of meaning'. Lumby (1991:116) would argue that in creating a space for conversation, the opportunity opened for 'joint story telling' where 'individual reflections and ... joint conversations formed the foundations of ... meanings'. To facilitate a collaborative agenda and communication among the participants, the work of both groups was structured according to a series of ground rules. These rules were based on the work of Giroux (1988:72) who argues that the 'ground rules' supporting dialogic relations in groups, such as those comprising the preceptors and students, include assumptions that all members:

- have an equal right and opportunity to speak
- respect each other's right to speak
- have a sense that it is safe to speak, and
- that ideas raised in the context of discussion are both tolerated and are subjected to 'rational' critique.

Central to this process is the development of the inclination to trust each other, to value the sharing of different perspectives, and an abiding commitment to improvement (Giroux 1988). As such within a critical research process, people have the opportunity to share stories of their worlds within a context that supports the development of trust, mutuality and critique. Inevitably, this involved the members of both groups telling stories of their experiences of either working as a preceptor or being precepted.

The use of story telling has long been used as an educational technique, and more recently utilised within nursing education (Bowles 1995; Nehls 1995; Kirkpatrick, Ford and Costello 1997; Fassett and Gallagher 1998). Boykin and Schoenhofer (1991:246) believe 'nursing stories naturally serve as an exquisite source for understanding the content of nursing' and argue that 'story as a method is a way to illuminate the richness of nursing'. In the use of narrative, Vezeau (1994a:169) writes that the 'power of narrative is that it moves us not only to think and evaluate, but to live in a special place, smelling the smells and feeling the full impact of human experience'. Vezeau (1994b:44) also argues that 'nursing is no stranger to narrative, it has always been a part of how we explored the shared world of our patients'.

## 4 PROJECT STRUCTURE

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The project involved a two-stage structure. As outlined above, in each stage students and preceptors participated in separate parallel focussed group discussions with a feedback loop between the groups.

### 4.1 Setting up the project — ethics and informed consent

To establish project the Chief Investigator and Co-ordinator of the unit, CNA225 Supportive Care in Hospital and Community Settings, developed a proposal to conduct the project. This proposal was then considered by the Proprietor/Board of management of each institution as well as the respective CEOs and Directors of Nursing (DONs). The two DONs took a lead role in facilitating these discussions. Agreement to proceed was then reached and a Memorandum of Understanding developed and signed by the relevant parties. Each aged care institution agreed to contribute \$5000 each to the project. This left a shortfall of \$5000 in the estimated budget of \$15000. The Chief Investigator and Unit Co-ordinator subsequently were successful in gaining a University of Tasmania Teaching Development Grant worth \$4500. This funding made the project financially viable.

Prior to commencing Stage One, meetings were held with the Chief Investigator and Unit Co-ordinator and potential RN participants. At these meetings the project and level of commitment required of preceptors was discussed. Additionally the Unit Co-ordinator also discussed the unit content and the expectations that preceptors should have of students. In all 16 registered nurses participated in the project.

Concurrently the Chief Investigator met with second year students enrolled in the unit CNA225 to discuss their involvement and to recruit participants. Ultimately, the student groups comprised 26 undergraduate nurses who formed four groups (two in Semester One and two in Semester Two) and who were enrolled in the second year of the Bachelor of Nursing program. The students were required to complete five shifts per week over three consecutive weeks at their allocated aged care facility.

Prior to commencing the project ethics approval was sought and received from the University of Tasmania Social Sciences Ethics Committee. Consistent with this process, at the above meetings the Chief Investigator explained the purpose of the project to all participants prior to commencement. The requirements for participation were explained to those who were interested in taking part in the project. Consent forms were then signed by all of the participants prior to the commencement of the first meeting. All meetings remained confidential to the people involved in the conduct of the study. Confidentiality for the participants was also maintained by the use of pseudonyms in this report.

Clinical teachers were seconded from each of the facilities to work for the School of Nursing at 1.0 Equivalent Full Time (EFT) in each institution. Their role was to further support the students in practice. These teachers attended a day workshop as a means of preparation for this role. Clinical teachers took responsibility for developing student rosters and attended all the project meetings conducted with the preceptors. They did not attend the student project meetings.

## **4.2 Project meetings**

The participants and two members of the project team met with the preceptor and student groups weekly at each aged care facility. The student group met first, followed immediately by the preceptor group. This structure facilitated the feedback of information between the groups.

The meetings were held in an education room in each facility. The preceptor group met five times and the student group three times. The preceptors met once prior to the arrival of the students and once after they had completed their practicum. The meetings lasted approximately one hour and were tape recorded and transcribed with the participants' permission.

## **4.3 Case notes**

Case notes were prepared each week from the transcriptions of the audiotapes. The case notes represented a first level analysis of themes and issues arising from the discussions of both groups.

The case notes were provided to the participants at least one day prior to the next meeting to give them an opportunity to read and reflect upon the issues raised. This process also gave the participants the opportunity to delete any material they did not want included, and to correct any transcription errors.

## **4.4 Preparation of the preceptors**

Prior to the commencement of the practicum, the Unit Coordinator and Chief Investigator spoke to the staff in each facility regarding the unit Supportive Care. The Unit Coordinator outlined the undergraduate nursing program as offered by the University of Tasmania, highlighting the expectations of the University and also of the students who were entering practice for the first time as student nurses. At this meeting student learning objectives were outlined and it was made explicit that there was an expectation that students develop skills in the provision of 'basic' nursing care, activities of daily living, client assessment and the dispensing of medications.

## 4.5 Stages of the project

The project included two stages to be conducted over approximately 12 months as outlined in the following project timeline.

Task	Nov 00- April 01	April- June 01	June- Sept 01	Sept– Oct 01	Nov 01- April 02
Preparation					
Stage One practicum in Semester One					
Stage One data analysis and reporting					
Stage Two practicum in Semester Two					
Stage Two data analysis and reporting					
Evaluation and writing up of final report					

### 4.5.1 Project participants

#### ***Students At Cosgrove Park and Masonic Homes Northern Tasmania***

Thirteen second year nursing students participated in Stage One. As outlined above, these students had not completed any practical placements with the University and as the table below illustrates, by and large had little or no prior exposure to the residential care sector.



**TABLE 1**

**Stage One student demographics**

Stage One of the project involved 13 students (six in one facility and seven in the other) and this represented their first direct engagement with practice.

Age range	Average age	Gender	Prior experience as an ECA	Prior exposure to a nursing home
18–33	21	Female	1 student–5 years  2 students had just begun work as ECAs	1 student–visiting grandmother resident in a home

Thirteen second year nursing students participated in Stage Two. These students had all completed a three week acute care practical placement with the University in Semester One.

**TABLE 2****Stage Two student demographics**

Stage Two of the project involved 13 students and this represented their second direct engagement with practice. Prior to this placement this group of students participated in an identical three week clinical practicum in an acute care facility.

<b>Age range</b>	<b>Average age</b>	<b>Gender</b>	<b>Prior experience as an ECA</b>	<b>Prior exposure to a nursing home</b>
19–39	25.2	Female (11) Male ( 2)	1 student–17 years  5 students had just begun work as ECAs	6 students as ECAs  1 student as a volunteer in an aged care facility

### **Preceptors**

Eight preceptors participated at Cosgrove Park.

**TABLE 3**

#### **Cosgrove Park preceptor demographics**

<b>Age range</b>	<b>Average age</b>	<b>Gender</b>	<b>Prior experience in aged care</b>	<b>Prior experience as a preceptor</b>	<b>Post registration qualifications</b>	<b>Current study</b>
29–54	45.6	Female (7)	5–20+ years	Formal preceptor training (5)	Bachelor of Nursing	Certificate in Medication Administration
		Male (1)	(average 10+ years)	No training (3)	Bachelor of Applied Science	Palliative Care
					Grad Dip Advanced Nursing	Gerontic Certificate
					Diabetes education	
					Palliative care nursing	

One preceptor had worked as a clinical teacher for the University previously. Three reported that they had had positive experiences of being preceptors previously, while one had found it very tiring, and was uncertain of the expectations placed upon them as a preceptor. In contrast only four had

been a preceptee, when commencing a new job or undertaking postgraduate education.

There were six preceptors involved in Stage One at Masonic Homes of Northern Tasmania. An additional registered nurse joined the project and acted as a preceptor in Stage Two.

**TABLE 4**

**Masonic Homes of Northern Tasmania preceptor demographics**

Age range	Average age	Gender	Prior experience in aged care	Prior experience as a preceptor	Post registration qualifications	Current study
26–56	46.7	Female (6/7)	3-29 years	Yes (2/3)	Bachelor of Nursing	
			(average 15+ years)	No training (4)	Grad Cert Advanced Nursing	
					Gerontic Certificate	
					Venepuncture/pathology	

## 4.6 Organisation of practice

All of the students were in practice from Monday to Friday for three weeks, attending both late and early shifts. Clinical teachers were seconded from the staff of the respective institutions. In one institution two level 3 RNs (Charge Nurses) job shared the position. In the other, a level 1 RN took on this role.

The organisation of practice at each institution was significantly different. Masonic Homes of Northern Tasmania is spread across two facilities (Peacehaven and Fred French) and divided into three areas across two facilities—Special Care, Low Care and High Care, with the Special Care Unit providing care for residents with advanced dementia. Students rotated through all areas as well as spending a day in the Day Centre and Community Care Program. In contrast, at Cosgrove Park this distinction in the provision of care was not evidenced by the location of the residents. As a result students spent the three week practicum in the one area.

#### **4.6.1 Attendance**

##### ***Students at Cosgrove Park and Masonic Homes Northern Tasmania***

Throughout Stages One and Two only two students missed one project meeting each.

##### ***Preceptors at Cosgrove Park***

In Stage One, three of the preceptors were able to attend all of the meetings. On a number of occasions the preceptors attended the meeting in their own time.

In Stage Two only one of the preceptors was able to attend all of the meetings. On average six preceptors were present at each of the meetings. On a number of occasions preceptors attended on their day off.

##### ***Preceptors at Masonic Homes of Northern Tasmania***

Seven preceptors participated in Stage One. On average six preceptors were present at each of the meetings. On a number of occasions preceptors attended on their day off.

Eight preceptors participated in the research in Stage Two. On average seven preceptors were present at each of the meetings. On one occasion, three of the preceptors had attended on their day off.

## 5 FINDINGS

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In this report the findings of both stages of the project are considered together. In general there was remarkable similarity in the issues raised across institutions as well as across stages.

### 5.1 Preceptors' expectations of their role with the students

Prior to commencing Stage One, members of the research team met with the members of both preceptor groups to plan for the students' entry into practice. As the discussions unfolded it was apparent that the preceptors had significant concerns in relation to their responsibilities for precepting students who were complete novices. Similar discussions were held prior to the commencement of Stage Two. However, in this stage the focus of the preceptors' discussions was on the implications arising from the students' prior involvement in a three week clinical placement in an acute care hospital. The issues raised in all discussions included:

- A desire to portray aged care nursing in a positive light;
- A need to understand the learning needs of students;
- Assisting students make sense of their experiences.

#### 5.1.1 A desire to portray aged care nursing in a positive light

A key interest of the preceptors was to offset the negative association with aged care that is well documented in the literature (Nay 1992; Stevens and Crouch 1992; Stevens and Crouch 1995; Brown 1998; Nay and Close 1999). As one preceptor argued:

The best thing about this [practicum] is we're going to try and give students a really positive experience... of what we do here in aged care, [that] we're a really committed bunch of RNs, who really care about what we do.

This was important because the members of the preceptor groups were acutely aware of the negative images associated with aged care nursing among students. One noted:

So often in the past it's a pretty negative experience that students have gotten from nursing homes and they thought we're a lot of bum-washers and sub-standard as far as our nursing practice.

This was a particular concern with the students involved in Stage Two of the project. The preceptors anticipated that the attitudes of this group of students would in part be shaped by their prior experience in an acute hospital. As Sarah said, *'so often the younger students will see high tech and high touch ... in the acute care as being what nursing is all about'*. Another preceptor, Samantha, concurred, saying *'they've worked in the acute area ... with all the high tech equipment and all that – and this is going to be totally different working in the aged care area'*. The preceptors were concerned that the students might perceive aged care as a *'come down'* after their hospital experience.

Sentiments such as these motivated preceptors to facilitate interesting educational opportunities for students. Moreover, they argued that a key to creating a good impression was to convey a positive attitude to their work as nurses in the sector. As one preceptor argued:

If that person [preceptor] is really enjoying being in aged care, I think it sort of makes them [students] stop and think, 'Hey, these people really like it or they wouldn't be here!'

With respect to the Stage Two group of students, there was agreement among the members of both preceptor groups on the importance of emphasizing that caring for elderly people is just as complex as other specialty areas. One preceptor argued:

I think it is important for them to realise that ... you need just as many skills to look after gerontic people as you do to look after someone in the acute area... It might not be as high tech as intensive care, but there is certainly a lot of skills that you need in aged care that you don't need in other areas.

The preceptors also argued that it was important to ensure that standards were maintained in case the students formed an impression that aged care was not as 'strict' as in other areas. Reflecting this concern, soon after the first group of students started in practice, one preceptor reported:

We were doing medications and she [the student] was actually using her hands and handling the tablets quite a bit... I 'ummed and ahed', for a minute. I thought this is trivial. Should I be saying something to her? Then I elected that I should, because if I didn't tell her she would probably go to the acute care system and somebody would probably say something. 'Well, where on earth did you learn to do that?' And well [I didn't want them saying], 'They didn't pull me up for it in aged care!' I didn't want them to get the impression that we don't do the right thing here.

Not surprisingly, given the issues well documented in the literature (Happell 1999), the preceptors also believed that the students would probably have a lack of interest in a future career in aged care and that this would influence their career decision-making. Their concern with this issue was evident when one reported:

... We said [to the students on the first day] that we hoped to change that [view] in the three week course.... Even if we get one more hand up, we would have achieved our goal for the three week period.

The preceptors were also keen for aged care placements not to 'turn them [the students] off completely'. At one facility, the preceptors believed that rotating students throughout the various areas would help provide a more positive experience. With respect to caring for elderly people with mild to late stage dementia, one preceptor argued that rotating students was important because '*[they may] come out and say there is no way I am ever going to work [in aged care]*'. Such comments reflected a concern that students might be somewhat confronted by working with people with dementia.

Furthermore, the preceptors were also concerned that in the context of the limited number of RNs in aged care, and the associated difficulties they expected in finding the time to spend with students, it might be difficult to facilitate a positive learning experience. This highlighted the importance of:

... being able to give them the time, the time that they need to make them feel

welcome... It's more [about the] management of our time to make sure they are getting the right sort of direction and guidance.

In this way the preceptors foreshadowed a need to reorganise their practice if they were to appropriately support students and facilitate teaching and learning.

### **5.1.2 A desire to understand the learning needs of students**

Early on in the project the preceptors expressed a concern that they needed to have a good understanding of the students' learning needs. They felt that this information was important if they were to stimulate their interest in aged care.

During Stage One a preceptor suggested that they *'wanted to give it a more intellectual, dynamic approach'*. However, when this group of students began in practice some preceptors raised concerns that the students were unclear about their learning objectives. One reported, *'I tried to find out what one student wanted to achieve ... and she seemed a little bit hesitant to say... She was rather loath to say a great deal... she was fairly unsure.'*

In Stage One, the issue of student objectives became a moot point. The preceptors came to realise that this was the students' first experience in practice and they really had little idea about what they should be doing. Such discussions highlighted that early on in the project the preceptors identified the significance of acknowledging the students' past experience. For example, they recognised that those students who had worked previously as ECAs were somewhat different from the rest of the cohort. As one preceptor noted:

You can definitely see the benefits [of their experience] with their communication [and] interpersonal skills with the residents. They certainly feel a lot more comfortable talking to residents than the other students that have not experienced this setting before.

At the same time they recognised that the students would all have individual characteristics and needs. One preceptor made this point when she said *'every one of them is an individual and they're all going to have different confidence levels regarding different things depending on their different experiences.'*

In Stage Two the preceptors acknowledged that the University had higher expectations of the students. For example, one reported that following a preparatory seminar for preceptors at the University she got the impression that the students were *'ready for take off... they're expecting a lot more from the students competency-wise this semester'*. Despite this, some preceptors expressed concerns that the academic expectations might be unrealistic. As one noted, *'it worries me a little bit that there is a perception that now they have had three weeks' prior experience, that they will be comfortable with everything'*. Reflecting on her own experiences as a student reinforced such concerns. Loris argued, *'after your first clinical placement there is such a big gap between that placement and the next one, you go back in feeling as green and as new as ever'*. At the same time there was a belief that the students in this second group would progress more quickly in developing competence. Indeed, one preceptor argued, *'they will probably want to get out and experience it a lot sooner.'*

### **5.1.3 Assisting students make sense of their experiences**



Given that the first group of students had no prior experience in practice, in Stage One the preceptors wondered whether they would be confronted by the exposure to aged bodies and to the intimacy implicit in the provision of hygiene care. One preceptor, Joan, suggested *'the experience of the human body in all its glory will be something new to them'*. This set up the whole issue of the preceptors' role in assisting students to develop an understanding of nursing practice in aged care.

Because of their unfamiliarity with aged care, the preceptors reasoned that many of the students would struggle to make sense of their experiences. For example, a number voiced concern that the students may be *'revolted by what they come across'*. In particular they held concerns regarding residents with dementia *'that are aggressive, who spit, [and] who smear faeces'*. One preceptor, Tracey, argued that it is:

... very confrontational because you see people that are very vulnerable, very exposed, doing things that you really don't see people doing elsewhere. All their social inhibitions have been taken away.

Of particular concern was how students would respond to aggressive residents. As one preceptor argued, *'I think also the amount of aggression that you see in dementia care [would be an issue, as residents exhibit], both physical and verbal [aggression]*. Another suggested that students *'may find it difficult to cope with'*. Indeed, preceptors at both facilities voiced similar concerns and this highlighted the need to educate students so they could make sense of their experience in an informed way. As one preceptor noted, *'it's just [that they need] education I guess, education of dementia, of the behaviours that you may find with dementia'*. Thus preparation of the students prior to their encountering uncooperative and confrontational behaviour was considered important. As one preceptor noted, *'I think that you need to prepare them a little bit for what they are going to meet'*.

Such concerns led the preceptors to argue that a key role with students was to demystify the behaviour of the residents. Mary argued this when she said:

If you see someone behaving inappropriately ... if you demystify it by saying, 'OK, they have got a temporal lobe dementia. This is what's happening in his temporal lobe. This is what is happening to his sense of right and wrong and inappropriate and appropriate'. Look at it like that and then it is not as confronting... The behaviour is still there, it's still the same, but you feel differently about it.

## 5.2 Students' initial impressions

On the third day of their first and second weeks in practice students in both stages met with the members of the project team to discuss their experiences in practice. The following section outlines the issues addressed in these discussions. These include:

- interests/expectations of their role in practice;
- feelings of being confronted—dealing with dementia;
- acclimatising to practice;
- understanding the role of RNs in aged care;

- student perceptions of RN expectations;
- issues with the administration of medications;
- problems with handover;
- dealing with old bodies.

### 5.2.1 Interests/expectations of their role in practice

As outlined above, it was apparent that both cohorts of students did not have clear expectations regarding their aged care experience. In Stage One, the students had not been in practice before so, as reported by the preceptors, they struggled to identify specific learning objectives. One student noted, *'I didn't really have any expectations coming into it. I just thought well I'll wait and see'*. Nevertheless, it soon became evident that some students assumed that they would not like caring for older people. Michelle suggested this when she said:

I expected not to like it [aged care] at all. ... I didn't think it would be an area I would be interested in... I've always said that this [working in aged care] is not what I want to do.

In contrast, others were pleasantly surprised by what they found, as Jill reported:

I guess it has exceeded my expectations in terms of the satisfaction I am getting out of it, talking to the older people and getting their histories and those sorts of things, are really interesting.

It also became evident that the interests of the Stage One students were somewhat varied. For some students in this group the achievement of technical competence was a key interest. As Michelle reported:

I love the drug round ... It just all seems worthwhile... And yeah I got to give an injection today... It just makes you feel like, wow, I'm going to be a nurse.

Similarly, another student, Joanne, noted:

Rather than looking after the patients, like washing and showering them, I prefer to do the more technical stuff. Like do their bandages and go on drug rounds and find out what it's doing to the patients and how it interacts in their bodies.

Similarly, the Stage Two students were concerned to build upon their acute care experience and further develop their technical competence. It was apparent that having experience in a hospital influenced their initial perceptions of what was important. For example, one student argued that developing this competence was more important than developing inter-personal skills. She suggested that *'if you've chosen to do nursing, then obviously that sort of caring comes naturally to you'*. She went on to say:

Next year, when I go into acute care, I don't want to walk on in my first couple of weeks and not know how to do procedures. Whereas people skills, you learn that throughout years and you haven't got a set of criteria that you have to fulfil on people skills... the thing that I worry about most, is not knowing how to do

procedures.

Other students involved in both stages contested this view. Those involved in Stage One, for example recognised the importance of assessment in aged care and expressed surprise by the complexity of aged care nursing. One student, Jill, commented on her placement in the Low Care (Hostel) area at Masonic Homes, noting:

I guess, my initial impression is [that there is] a lot more assessment that you need to be doing than I realised and it is a lot more subtle assessment and looking at people in their environment and noting their cognitive skills, mobility, all those sort of things, as well as your typical nursing assessments like blood pressure and blood sugar levels, those sorts of things... it's not just a matter of keeping them clean, dry and whatever else, there is a lot more that goes on with it and a lot more documentation than I thought... I guess but just the level that they go to find out about a person and to ensure that they are doing the best for that particular person.

Another member of this stage also voiced her amazement at the level of assessment carried out in aged care, saying '*... it is so amazing the constant assessment, like even if it is a general walk in the morning, just to make sure they are up and everything is OK*'.

Things were not so different with many of the students involved in the second stage of the project. One student argued that she was less concerned with developing her technical skills, saying:

Ultimately people go into nursing, because they want to care and so that becomes important as well. So yes doing the [technical] skills are important and you don't forget that you want to do those. But I guess in the end, the most important thing is that the people that you're looking after are happy and comfortable.

## **5.2.2 Feelings of being confronted — Dealing with dementia**

Consistent with the preceptors' expectations, in the first week of the Stage One practicum, the students shared numerous accounts which illustrated that they struggled to make sense of their experience in aged care. For example, members of this group of students described being confronted by the way in which staff related to residents. One student recounted:

It is really strange ... just watching someone [an elderly resident] being showered. One of the ladies [ECA] was saying, 'Good girl, good girl' and this lady is like double the age of [the person] who was showering her and I was thinking [that] it's... like they've gone from being young to mature and then they go back again to being helped [like a child]... I think that it must be really hard for them.

Others in the Stage One practicum were also clearly confronted in their interactions with people with mid to late stage dementia. As one student, Jean, reported:

I thought I would be absolutely petrified ... The first two hours I was really scared because Peggy and I were trying to walk down a hallway and this patient comes up to and goes, 'No, no don't go down there'... so we turned around and went the other way [and the staff said]... 'don't go near him, he's aggressive', or

'don't go near her, she's a bit nutty' ... This lady, she was on the ground constantly, falling off her bed and stuff and just said, 'Please help me' over and over again all day and you go and sit with her... and you would hold her hand and stuff and she would look at you and just say, 'Please help me' and that is all she'd say... Then there was another lady there who would just laugh, she was constantly laughing.

Another student reported that *'I haven't had any experience with dementia patients and it was a total [shock]'*, while another told her colleagues in the discussion that she was, *'totally freaked out'*. The preceptors also recounted similar concerns. One noted that a woman *'slapped her [the student] on the arm... The fact that she had actually contacted her in an aggressive manner really frightened her.'* What was immediately apparent in the first week of Stage One was that this group of students had little preparation for dealing with people with dementia. As Peggy reported, *'I didn't even know what dementia was'*. Additionally, the preceptors' attempts to orientate students were sometimes less than successful. For example, Michelle noted that *'... they kind of scared me in the orientation [to the facility]. I thought, 'Oh my gosh! They all are totally demented, can't do anything for themselves, and they scratch and bite and attack you'*. Indeed, some of the students felt that they were ill prepared for the situations they were to face. In these circumstances it was little surprise that communication with residents was identified as a problem. Peggy noted this when she said, *'it's hard when you're trying to respond when you don't understand what they are saying'*.

The situation was not that different for those students involved in Stage Two of the project. Despite their three weeks in an acute hospital, they too had little prior experience of caring for people with dementia. This was difficult as one student commented:

When we come in to care for them [people with dementia] the first time, you don't really know them... and that's what made it really difficult, you didn't feel that comfortable first of all. Whereas in the acute setting, not many people have dementia in acute setting or a late stage dementia and they can communicate. If they don't like something a certain way, they will tell you, whereas these people won't, they just grimace, or they won't be compliant and you just have to figure that out.

### **5.2.3 Acclimatising to practice**

Given the previously outlined experiences, it is not surprising that the students involved in both stages of the project reported a high level of anxiety on entering practice. One student, Catherine, highlighted this when she said, *'I was very nervous 'cause I had never been in this situation before'*. However, it was not only dealing with residents that were the focus of concern. As novices, students in Stage One also faced the daunting prospect of achieving technical competence. Joanne illustrated the struggle that highly anxious students often experienced in gaining competence, when she recounted:

When I was drawing up her injection—my fingers were so cold and I was shaky and then I stabbed myself with the needle. I was bleeding everywhere and I started crying ... I did it twice last night. I just felt so stupid. I mean I can't even draw up a needle.

However, as the practicum progressed students soon adjusted to the environment. Interestingly, a number in the first stage commented that being in practice was not what they expected, as Maree

reported:

I was actually surprised ...it wasn't as bad as I thought it would be. The fear [of being in practice]... has gone for me... I feel that if someone needed something I could go and do it for them, like I am not scared... It's like a real relief to know that I can do things, [that] I do know stuff and I am not just where I was before I started nursing. I've learned something...whatever they're doing at School of Nursing is pretty good, because at first I had my doubts, I really did. Like we should be doing prac in first year and all of those sorts of things, but the way everything is arranged, it's flowed really well for me as an individual.

Similarly, another student in this stage, reported that *'I think we just got comfortable after a while'*. Likewise, students in the second stage reported similar changes. In the second week, one stated:

This week I'm more comfortable. You know who's really got dementia, the wanderers and you can relate to them and you know how to approach them and you know they'll approach you... But last week, you still didn't know what to do, whether you were supposed to take them where they wanted to go or sit there and listen to them. So now you know them more.

#### **5.2.4 Understanding the role of RNs in aged care**

Students in both stages of the project struggled to understand the RNs role and the way that care was organised. For example, in the first stage students made astute observations in relation to the role of the ECA and that of the RN in aged care. They were amazed at the scope of responsibility afforded to the ECAs and somewhat bemused by the division of labour. In particular they were confronted by the fact that it was the carers (ECAs) who provided most 'hands on' care. As one noted, *'I thought this [providing 'basic' nursing care] would be the primary goal of the nurses. It's strange'*. Such comments highlighted an emerging critique, which suggested a concern with the lack of a holistic focus in the provision of care. One commented:

It's a bit disjointed the care I think. Because the RN does this part of the care and the ECA does that part. But you rely on each other somewhat for the ECA to give the RN the information and vice versa.

Interestingly, after their experience in an acute hospital, students involved in the second stage of the project also struggled to make sense of the ways that aged care nurses constructed their practice. For example, one student commented that rather than involving the provision of *'hands on care'*, he understood the RNs role in aged care to include *'getting the handovers, doing the drug rounds and then talking to the doctors, doing the paperwork and then doing more drug rounds and things'*. Moreover, having prior experience of acute care allowed this group of students to make comparisons, which highlighted the difference in the way the RNs' role was constructed in each sector. As one student noted:

In acute care, all the nurses that I worked with did all the assessing [of patients] and everything like that. But the nurses here don't seem to have anywhere near the same sort of role. It's completely different... so [if we work with ECAs] we're not really getting a sense of what an RN does in aged care.

Another student, who had previously worked as an ECA, found it something of a 'culture shock' to find herself working as a student nurse in aged care after a three-week practicum in a hospital. She

noted:

I've worked as an ECA before but I've never really taken any notice of what the RN does in an aged care facility. We went into acute care and everything was really hands on for us, but coming here I find the role of the RN a little strange... I mean we just found it really hard to stand back and I think that comes from being in the acute care setting and then coming here.

Others in this second cohort of students also spoke about wanting to do more '*hands on*' care, but also expressed surprise at the '*menial*' tasks they were sometimes asked to undertake. As one recounted, '*we were just like giving out people's breakfasts, just taking them into their rooms. It was really sad... I couldn't believe that we were doing it*'. Such comments highlight the sense of confusion experienced by students as they struggled to understand their role in aged care.

### 5.2.5 Student perceptions of RN expectations

This was the first occasion that novice students had engaged in practice in either facility. In many respects it was therefore not surprising to find that on occasions they expressed concerns that some preceptors did not recognise their skill level or knowledge base. Indeed, the students reported that the preceptors sometimes expected them to have a greater understanding of nursing than was reasonable. Early on in Stage One of the project this was highlighted when one student commented:

I think that all the preceptors ... think that we've had lots of experience ... they sort of expect us to have an understanding and we don't, and we just feel kind of dumb. [They expect us to have] more understanding, hands-on prac which we don't have.

Others concurred with Maree, with one sharing the following account:

I was just handed this insulin and she [the RN] said, 'There you go'. And I didn't know one end from the other. I honestly didn't and I was really nervous and she waited till I had the actual needle in the person to tell me how do it and I didn't like that. I wanted to know how to use it and then how to do it.

Students involved in Stage Two reported similar issues. Of particular concern was their involvement in the drug round. It was apparent that some preceptors had expectations that the students should be able to be actively involved in the drug round in the first week of the practicum. For example, one student in the second cohort suggested such expectations were difficult because, '*we got thrown on to that straight away. They said, "oh come on the drug round with us" and it's like "right", there's 54 patients or whatever*'. Similarly, another student noted:

They [the RNs] walked around really quickly and you're so busy just trying to orientate yourself... I did two drug rounds and I still couldn't work out where we were going, the second time around.

Such actions indicated that on occasions the preceptors had unrealistic expectations of the student's competence. This suggests that the sessions designed to orientate the preceptors to the students' curriculum and what to expect of students may need to be revisited. However, it was also apparent that some preceptors were unable to attend these sessions because of shiftwork. This further illustrates the problems with getting a consistent approach to preceptorship in the context of what amounts to institutional transience associated with nurses working rotating shifts, and how this

undermines participation in professional development activities (Robinson 1995).

### 5.2.6 Issues with the administration of medications

The issue of the drug round was an ongoing concern for students in Stage Two. As a consequence they struggled to fulfil their responsibilities with respect to the safe administration of medications. As one noted:

It's hard when the drugs have got five different names. On the drug chart, you've got one name and then on the pack it's another name, but sometimes, you can't tell what they're, like if it's a 'pril, you know if it's Captopril, you know that it's an anti-hypertensive, and you can do that with a lot of drugs. But some you can't. They're like two completely different names.

Such problems were exacerbated because during the drug round students struggled to identify the residents. Unlike patients in acute care, residents of aged care facilities do not wear name bands. This meant that the students had to rely on what were often old photos of residents in order to identify them. They shared numerous stories where they recounted difficulties in identifying residents from these photos. As such, one noted, '*some of the people, in their photograph, their hair is white, but it's really... dark or brown*'. Thus they often had reservations about dispensing medications using the Five Rights as they had been taught. Similarly, another student noted:

Even having their glasses on or off makes it difficult. One of the ladies in the photo had her glasses on and they were huge and when we went to give her her drugs last night, she didn't have them on and she looked nothing like her photo ... I had to double check with the RN and I just said, 'I can't honestly tell and if you hadn't been here, how was I going to tell' ... it's very difficult.

The concerns of the students relating to resident identification were subsequently fed back to, and reflected on by, the preceptor group. They recognised that this was a significant problem not only for students but also for all new staff. As one preceptor explained:

We would love to do the ID bracelet like they do in hospital, but you can't because of standards in the accreditation [require a] homelike environment. You don't wear name tags in your own home ... legally you cannot identify a resident [in that way]... sometimes if you're lucky you can go and pick up the back of their shirt and find their name written on it.

Like the students, the preceptors also held concerns with this situation because of the potential for medication errors.

Interestingly, in the context of the project discussions, some of those students who previously worked as carers in aged care critically reflected on this issue and how they dealt with it in their past role. For example, after only three days in practice, one student involved in Stage Two reflected:

When I'm busy working as an ECA, and you get a new RN coming in saying, 'Who's this, who's that' and I'm like, 'The photo's over there', and you don't realise [over time] cause you see the difference, you see them, lose a bit of weight, gain a bit of weight, ... and you see the difference ... and now you think, 'Oh God', I'm so sorry for all those nurses I've thought were twits.

### 5.2.7 Problems with handover

Concerns with the drug round and the identification of residents in Stage Two were in part compounded by initial problems some students experienced in attending the nursing handover. Interestingly, the first group of students did not raise the 'handover' process as an issue despite the fact that they undoubtedly had a similar experience. In part this reflects this group's lack of prior engagement in practice and a lack of appreciation of the importance of the nursing handover as a mechanism for co-ordinating patient/resident care.

In contrast, the second group of students on placement in one facility were immediately concerned with the problems they experienced in attending handover. Indeed, having come from an acute care setting they were aware of the importance of handover in '*getting to know*' patients and their current medical/social condition. Understandably, the students felt they needed this information to help them understand those residents they were working with. One noted that when she didn't get to attend handover on the drug round she:

... had to ask what the resident's problem was. I mean sometimes you could guess it was dementia, by the drugs [they were prescribed], but it would be nice to know, specifically, what their main problem is.

Students in Stage Two reported that they missed the handover on several occasions due to the start and finish times of their allocated shifts. Moreover, they were also troubled by the differences between handover in an acute care setting and what they found in a residential care setting. Of particular concern was the brevity of the handover. One argued that the handover provided at best:

... a brief description... like last night we had a [resident] that they were concerned about, he had a red eye. They think he has conjunctivitis, so it was stated that we should wear gloves and we were giving him cold tea treatment, and that was it. There was nothing else and later on, I found out that he actually had diabetes and he was on insulin and his BSLs were up...

In part the structure of handover reflects the status of residents in the facility. That is, unlike their counterparts in acute care, they most probably had been resident for a considerable period of time and as such most staff knew their care needs. However, this was little comfort for the students who were new to the area and therefore unfamiliar with resident care requirements. Nevertheless, working within the Fourth Generation Evaluation framework meant that the students were able to feedback their concerns to the preceptors and the situation was resolved.

### 5.2.8 Dealing with old bodies

A key issue identified by students in Stage One of the project related to feelings of being confronted by 'old bodies'. Their accounts vividly illustrated that working with elderly people was a completely different experience to working in the nursing laboratory in the school of nursing. Comments made by students clearly illustrate this. For example, Kylie commented, '*At first I didn't want to do it [a wash]... I was sort of scared. I felt uncomfortable ...you look at the bodies and they are all wrinkly and ... different*'.

Highlighting the difference with the laboratory practical sessions, Lucy noted that '*the bodies [of the elderly residents] are different than doing things on ourselves in the workshops... everybody looks different*', while Vicki suggested that '*it's just their skin is so fragile and you have to handle*



*them a lot different when just putting clothes on*'. In contrast Lucy reported that:

[Whereas] when you're doing things in class... I'm a lot more rough on her [another student] than I would be on these [elderly] people, because I just think, 'Oh they're old and frail', while a student can handle it.

The sense of being confronted was captured by Emily when she recounted:

Oh it's incredible. Yesterday I did a shower for a lady. I'd only done men before that. Her boobs were like flat and I was like, 'Oh my God', that's going to be me'...it was just like, it's not a shock, because I was expecting it, but it was just like...the realization of that and you can't see their belly button, it was all wrinkled over and hmmm ...

Interestingly, the preceptors reported that the students involved in Stage Two of the project demonstrated increased confidence compared to the first group. This was most apparent in their dealing with elderly people's bodies. As one noted:

Last time around it took several of the students well into the second week before they could actually put hands to flesh. Whereas this time, they're comfortable showering and attending to incontinence problems, so there was none of that hanging back.

However, as Stage One of the practicum progressed it was evident that the students became more acclimatised to dealing with 'old bodies'. In the third week of the practicum one student reported that:

You lose all your inhibitions. A body is just a body now. Last week it wasn't [whereas now] ... it's not like, 'Oh a naked person' – it's like 'give them a shower – they're happy'. Everyone has a body, it's OK.

Critically reflecting on the situation one student commented, '*it's not very often you see an old naked body. Now we see it every day*'. At the same time some of the students did form striking opinions as to how the residents might be feeling in regard to privacy and embarrassment. One noted, '*beforehand I was more worried about how they would feel [being naked in front of you] but they don't care, so I don't care*'. Similarly, another student suggested:

It's different for them [the residents] because they've had people coming and showering them for however many years. They're used to it. But I think it would be very different if you were in a hospital and a lot of people in there aren't used to someone else showering them. They've [the residents] been really good with us, you ask [if you can shower] them of course and then [they always say] 'Yes, come in'.

### **5.3 Issues in facilitating teaching and learning**

As the practicum unfolded the preceptors shared numerous accounts of their efforts to facilitate teaching and learning in practice. Discussions in the preceptor groups illustrated that they expended a great deal of energy in this endeavour. Issues addressed in these discussions included:

- how much information to give to students and how best to support them;

- the increased workload and issues of discontinuity.

### 5.3.1 How much information to give to students and how best to support them

In Stage One of the project the preceptors pursued their aim to cast aged care in a positive light. However, critically reflecting on the situation a couple of weeks into the practicum, they recognised that the extent of their enthusiasm may have been a concern. As one noted:

I felt that we absolutely... drowned them with our passion for aged care. We really just wanted them to feel that it was a really great thing, and perhaps overloaded them.

Another, Joan, suggested that:

I felt that throughout the shift I was bombarding her with information and I found that with some tasks I really only gave her some slices of the pie, ... [it seemed like] her head was going round and round that she had had enough. But she was so interested in everything I had to say and really keen to learn and to understand what we were doing.

It was an issue that Joan subsequently addressed. She reported coming to the conclusion that the student *'had enough information'* and deciding to:

...give her hands on time.... She couldn't do any manual handling, because she wasn't really confident with lifting, so she just watched and helped the carers, as in getting things for them and talking to residents and that sort of thing.

In Stage One at one facility the preceptors were focused on the need to prepare the students for communicating with the residents with late stage dementia. One preceptor, Emma, argued that because residents could not *'tell you their name... giving out medication can be difficult, ... so the students need a lot of nurturing'*. Confirming the students' initial sense of anxiety in caring for people with late stage dementia outlined previously, another preceptor, Tracey, acknowledged the confronting nature of this kind of nursing. She reported that *'the two [students] I had seemed totally overwhelmed by everything. I found they were very nervous and I just got the feeling that they wanted to hide away'*. In response, Tracey went on to state that in the first instance she adopted the strategy of *'not really pushing them'*. She went on to elucidate, saying:

In the afternoon I let them go a bit early, I didn't push them to go and do that, I thought that maybe they actually need this time to, I don't know, de-stress or something?

However, she went on to report that adopting this strategy was appropriate as on the next shift *'they took someone to the toilet and did the whole thing themselves... and did very well and seemed quite happy'*. At the same time, as predicted, the preceptors' stories suggested that providing appropriate support to students was not always easy. As Mary pointed out, *'the staffing in aged care isn't like it is acute care, we're pretty stretched.'*

In contrast, in Stage Two, as outlined above, the preceptors noticed that the students had a far greater level of confidence. One preceptor noted that students in this stage *'weren't overwhelmed by the situation. It wasn't too much for them'*. Another preceptor agreed, reporting that *'this group of students are certainly ... much more competent and gaining confidence is much quicker and faster'*

*than the last group*'. This meant that with the second group the preceptors had to adjust their approach to teaching and learning to account for this difference.

### 5.3.2 An increased workload for preceptors

The reality of working as a preceptor came as somewhat of a shock for many of the RNs. Indeed, the increased workload associated with the presence of students was of particular concern. As one of the preceptors noted, *'this would be the first time we've had them [students] really green.'*

The relative 'greenness' of the students in Stage One had many implications. First, it meant that the preceptors could not take things for granted. As one commented:

I usually help feed the residents and I grabbed the tray and gave it to one [of the students] and said, 'Oh, you can feed him'. I didn't think to explain any more.  
... And she said, 'Can you feed yourself?' to this poor little demented man, who had no idea!

Secondly, some preceptors experienced difficulty balancing being a preceptor with their workload. One participant explained this concern in the following terms:

Because you have a student with you, you have a commitment to explain why you are doing things and why things happen the way they do. With the drug round, you need to be time efficient, and normally it takes 45 minutes. Yet [with a student] it probably ends up taking an hour and 15. So you are sort of half an hour behind in a very busy workload.

Another preceptor, Helen, explained further that:

When you're on your own, you go and do something and you subconsciously know it's been done and the outcomes were met. But when you have a student you have to have a focus on ... 'Was the student competent to do it?' 'Did everything go how you wanted to do it?' So there's that follow up component... [which means] you're doing things twice. Once for the situation and once for the student.

Furthermore, on occasions the preceptors described experiencing a tension between the requirements associated with supporting inexperienced staff and precepting students. Indeed, both groups of preceptors expressed similar sentiments. Being a preceptor in the first week was, as Tracey said, *'hard work'*.

Moreover, the difficulties faced by preceptors were often specific to the area they worked. One significant problem related to the difficulty they experienced in integrating a supervisory role with the students within their usual workload. As Jessie said, *'it is not the stress of the students or what we are trying to do with them. It's more of the other things that you still have to do at the same time'*.

The difficulties faced by some preceptors were complicated by also having third year nursing students in practice at the same time. As they were responsible for all the students, their concern was that at times the different cohorts of students were rostered to work on the same shift, which created an extra strain. As one argued, *'we felt that it was too much pressure to have four students ... at once.'*

The project discussions also illustrated that constant disruptions compromised the preceptors' ability to effectively teach students. Helen recounted that:

You'll sit down to do a task and a doctor will come in, or a resident or relative will come in, or a staff member will injure themselves, or the phone rings... So you just sit down to do something and then you're taken somewhere else, and it's that disjointedness that it makes it very difficult to have a session with a student, because if something does crop up, you do have to attend to it.

Despite these concerns an overwhelming theme emerging from the discussion of both groups was that the preceptors were very committed to ensuring the students had the best possible time. Indeed, the project data suggested that the preceptors were highly committed to facilitating learning opportunities for the students. This is apparent in their accounts which indicate, when necessary, they were willing to modify their usual routines. One preceptor, Joan, made this point when she said:

When I'm working on my own, without the students, I have to set routines that I'm performing, set times, set ways and that sort of thing... [However, with students] you have to chuck all that out the window and be more responsive and more dynamic, move with whatever is happening on the shift at the time... you have to restructure your day and plan ahead.

Other preceptors reported changing their managerial role to enable them to precept the students allocated to their area. As one noted, *'I elected to take myself out of my role as a manager and work as a registered nurse'*.

## **5.4 Strategies to facilitate teaching and learning**

In the context of this project a number of strategies emerged as critical in the process of facilitating teaching and learning in residential aged care contexts. These included:

- Making the students feel welcome and supported;
- Implementing a feedback loop;
- The importance of providing a structure;
- Learning through observation;
- Encouragement and support to step outside the comfort zone;
- Utilising the ECAs;
- Continuity of experience.

### **5.4.1 Making the students feel welcome and supported**

In the first week of each stage the preceptors recognised the importance of making the students feel welcome and supported during the practicum. The feedback loop was invaluable in developing

strategies to help the students adjust to the unfamiliar and sometimes confronting environment of the facilities. Through this feedback the preceptors gained critical insights into the issues of immediate concern to the students, specifically their anxiety and sense of disorientation (addressed in 5.2.2 and 5.2.3).

In the context of the project discussions, the preceptors critically reflected on their experience as students and how this influenced their decision-making. As one commented:

Well I guess a lot of it came from my own experience as a student nurse... and my experiences... where you were left feeling like you were just tagging along behind the RN and [wondering whether you] were you a hindrance more than a help... that frustrated me as a student.

Reflecting on their own past experiences as novices, a process facilitated by revisiting their discussions in the case notes, appeared to provide an impetus to *'make them feel welcomed and supported... to put ourselves in their shoes'*. Implicit in this process was developing strategies to ensure that other staff in the facilities knew who the students were. One preceptor recounted that, *'she made sure everyone on the unit was aware of who they are, how long they're there for and they need to know, who to approach, who to go to if you have concerns or if you see something that is not right, or of concern'*.

Engaging in this process was critical to helping students adjust to what was a very alien environment. As Nancy suggested, *'they don't feel as if they are in a strange place. At least they have met people and they know a few faces'*. Other significant activities identified by the preceptors included making *'sure they know where the loos are and where to make a cup of coffee, what time they're going to have a break and things like that'*. Being supportive also involved taking the time to get *'some idea of the background and interests and to develop educational opportunities that enhanced the practicum.'*

The significance of these activities is reflected in the students' comments. They indicate that a key to their integration into practice and overcoming anxiety was feeling accepted and welcomed by staff. Indeed, it was a dominant theme to emerge from both student groups. As one student involved in Stage One, Catherine, noted:

I was really in an unfamiliar environment and I was very nervous, 'cause I had never been in this situation before and the preceptors were good, they introduced you around and now I'm a lot more comfortable, I can just walk in there and I'm fine.

In this the role of preceptors was seen as critical. One student highlighted this when she reported that the preceptors *'have been really supportive, they really make you feel like you belong'*. Another student, Michelle, noted that:

They were really patient and really wanted to show us what to do, I feel totally comfortable with them... They don't mind spending a bit more time, like if you ask, 'What does that drug do?' They'll stop and tell you. It's good and comfortable. Such comments illustrate how acceptance facilitates opportunities for teaching and learning. They suggest that students will feel comfortable to seek advice if they know their preceptor is both accepting and understanding of their situation as a novice.

Students participating in Stage Two of the project made similar comments. In particular they appreciated the positive feedback and support they received from preceptors. For example, one

student commented on the importance of being supported when writing nursing notes, stating:

When they [preceptors] write the notes, they often come and talk to you about it to make sure that they've got your story right and that's a pretty good feeling when they come and do that.

Another described her appreciation when she received an explicit recognition of her growing competence. She reported that when doing a drug round her preceptor said, *"I can see you have improved so much, your confidence is up there now"*. And she was genuine in what she said, she was sincere'.

#### **5.4.2 Implementing a feedback loop**

The feedback loop between the groups was a significant factor in highlighting to students that their preceptors were indeed very interested in facilitating their experience. It made explicit that the preceptors were willing to be responsive to students' feedback.

For example, in Stage One, the preceptors initially expected the students to be more directed in what they wanted to achieve in practice. However, subsequent student feedback illustrated that this was an unrealistic expectation. Rather, the students indicated that they wanted the preceptors to adopt a more structured approach to planning the day's activities. That the preceptors acted on the student feedback had a significant impact as the following dialogue illustrates:

Cath: They've [preceptors] been really accommodating in things that we wanted them to do. Like they've really made an effort... with [our request for more] structure. They heard it [through the feedback loop] and said 'Right we [the students] want a more structured day' [and acted on it] ...

Lucy: [For example] the other day a preceptor came in and said, 'Oh we got feedback that you wanted more structure, so you can go and do this, this, this and this'. I thought, 'Oh OK'. So it's really good, because you've got a plan and it keeps you busy for the next however long it takes and you don't have to come back and say, 'What can I do now?'

Such a response enhanced the accessibility of preceptors to students. Not surprisingly, the students subsequently reported that they felt comfortable to seek feedback directly from their preceptors. At the same time preceptors reported feeling more comfortable providing direction and advice to students. As will be seen in the findings that follow, the feedback loop was instrumental in facilitating the development of the practicum in ways that benefited both students and their preceptors.

#### **5.4.3 The importance of structure**

As the above accounts suggest, in response to student feedback, the preceptors adopted a more structured approach to help the students *'settle in'*. The importance of preceptors providing a structure to guide these novice students' experience cannot be over estimated. As one student, Michelle, reported *'[they gave us] enough structure so that we knew what we'd be doing and that's good for us, because it gives us a plan to use and to go forward'*. It was also apparent that the preceptors often put a great deal of effort into planning the day's activities for students and that the

students found this beneficial.

The importance of structure in facilitating teaching and learning was further reinforced in Stage Two of the project. Students involved in this stage reported that they were initially worried by what seemed to be a lack of planning in the daily work of the RNs. This led to a heightened sense of anxiety on their part as they were often unsure of what was going to happen next, or what was expected of them. As one student commented, *'I'd like structure when we're not with the nurses... so you'd know what you're actually supposed to be doing'*. In general their experience in aged care was very different to that in hospitals. As one student put it, *'When I was in acute care I knew exactly how the day goes'*. However, when they moved to an aged care context this routine altered drastically and as a consequence they needed more structured guidance in the process of adapting to this new environment.

Through the feedback loop the students conveyed their desire for a more structured approach to organising the practicum. The preceptors responded and put considerable effort into developing plans to facilitate teaching and learning. The students involved in Stage Two subsequently spoke at length on the benefits of their preceptors having a plan for the day. For example, one student made this apparent when she described her first day. She reported that her preceptor:

... did a plan for us. She said, 'You're taking this patient before break, this patient after break, you're caring for them. So you wash them, give them their medications, read up on them', and it really helped. After we'd done all that we were free to just initiate tasks for ourselves. So we got a bit of guidance and also independence at the same time, which I think worked really well.

The operation of the feedback loop between the groups facilitated a process that saw students move beyond a highly structured engagement with their preceptors, to having more independence. For example, at one point in Stage Two the members of one student group gave feedback to the preceptors that they wanted to have a chance to have input when determining the day's activities. One student described the effects when she reported:

After the last couple of meetings, they've [the preceptors] been asking us more and more what we want to do... they're initiating it and we're coming up with responses ... It's worked well for me... they're obviously confident with us and [our] ability to make our own decisions.

With growing feelings of competence as a consequence of the guidance received from preceptors, it was apparent that the students were given more independence—the preceptors had responded to the students growing competence and altered their patterns of supervision accordingly. One student reported that *'the first couple of days she [the preceptor] used to come up to us and say, "How are you going?" But now, it's just when we walk past her or in her office or something'*, and that this was *'a confidence booster'*. The students appreciated that the preceptor *'trusts us. She knows that we're capable'* and *'knows we'd ask her as well if we didn't know how to do something.'*

As such, it was apparent that having a structured program made the preceptors think about what they were doing with the students and of the need to push them to achieve new goals. It was also evident that the student feedback requesting more structure prompted the preceptors to consciously attempt to structure learning activities in a way that promoted teaching and learning.

#### **5.4.4 Learning through observation**

Having the opportunity to observe activities and tasks was identified by all the students as very important. Indeed, the students all discussed how they learned through observation. Michelle, a student involved in Stage One, suggested this was important because so often as a novice, she was working in '*unfamiliar territory*'.

To illustrate this point she recounted:

Today I did Grace's bandages. I watched Joan yesterday and I've never done them and I was like 'Oh [that's how you do it]'. She obviously isn't hurt or anything, it's just bandages. So I started to do that, and I did it wrong and ... and she said 'Oh, OK, we'll do it again', so I did it again.

Despite having prior experience in the hospital, students involved in the second stage of the project expressed like sentiments. They too suggested that they wanted to first learn by observation and then be given the chance to learn by doing. Reflective of the sometimes unrealistic expectations that preceptors held of students, in this their second practical experience, one student recounted that her preceptor:

... got me to go and look at a dressing and she assumed that I knew how to do it, ... and she said, 'Well do you want to change it?' and I said, 'Well no, because this is only my second time out, so if you [the preceptor] come and do it and then I'll be confident to do it next time'. And she just thought that I could do it all, and I had to say "Well no". We're only in our fourth week as nurses!

In Stage One, having the opportunity to observe in the first instance was also important because as some preceptors noted, the students often lacked confidence in caring for residents. In response, one preceptor, Amy, described enlisting the support of the ECAs to support students. She reported:

Some of my students that I've had aren't terribly confident about handling or being with residents. Today one of them said that she would like to do a shower and she's organised that [shower] tomorrow with this particular resident. So I set her up with one of our ECAs to observe another shower being done and that particular ECA has showered this other resident several times. So I said to her to speak to her [the student] about showering this gentleman tomorrow... [and] that worked quite well.

Not surprisingly, preceptors reported that they generally took an active role in demonstrating how to perform tasks prior to students attempting them. One student, Jill, commented on the effectiveness of this approach. She described how a preceptor facilitated an educational opportunity by first showing her the paperwork involved, explaining what sort of information was gathered using the document, and then giving her an opportunity to carry out the activity. She recounted that after the preceptor '*talked us through...[the] relevant paper work*' and then:

... we did an exercise where we went and interviewed a new resident to get their history and find out as much as we could about him. [Prior to this] she just gave us a few tips on how to do that and showed us the paperwork and ... told us what sort of questions we might like to ask and then let us go off and do it.

An important adjunct to this process involved the preceptor checking with the student that they were 'OK'. For example, Emily reported that her preceptor

... would always say – 'Are you right with that?' 'Is that OK?'. Like she would make sure she wasn't throwing us to something in the deep end. She'd say, 'If you need



me, this is where I am—come and find me or if you can't find me such—and—such will help you out.'

The students' comments indicate that being the recipients of this kind of support was central to creating a positive learning experience.

#### **5.4.5 Encouragement and support to step outside the comfort zone**

Despite their heightened sense of anxiety during the first weeks of their respective practicums, student comments also suggest that at times they felt a need to step outside their comfort zone to maximise learning opportunities. As one student commented:

Well if you stick to your comfort zone, then you are not going to learn anything... You're not going to experience anything outside that little circle that you've put yourself in. ... You don't have to go way out and put yourself in danger, but to a certain extent you have to go out of your comfort zone to learn something new.

Such comments prompted the students to give the preceptors feedback that they wanted to be 'pushed' albeit in a supported way. This was very effective. For example, in Stage One students reported feeling anxious about performing certain tasks. Some indicated that they were *'too scared to put a suppository in'*. However, after being encouraged by a preceptor to *'step outside their comfort zone'* and perform the procedure, one commented, *'it is no big deal. After you do it, it's fine'*. At the same time, the students discussed how important it was that they did not feel overly pressured by preceptors to perform and that the preceptors were supportive and understanding that what were generally regarded as 'mainstream' nursing activities (such as giving a suppository) were often intimidating to students. At the conclusion of their practical experience the students were able to reflect on how it was to move out of their comfort zone. As Kate reported:

The things that I was worried about doing... are just nothing [now]. Like what I started with... injections and even just showering, it was real scary to begin with. But now they're just nothing.

#### **5.4.6 Integrating carers (ECAs) into the teaching and learning process**

A reality of students engaged in clinical practicum in aged care meant that under the supervision of a preceptor (RN), they often work directly with ECAs. By and large the preceptors thought this was acceptable because as one stated, *'we trust our ECAs work practices'*.

Generally, working with an ECA involved participation in the provision of 'basic nursing care'. Overall the students reported this as a very positive experience, as Jean said, *'the carers [ECAs] just put so much faith in me, like let me get in there and really help and that was just really good to know'*. Other students also described their time working with ECAs as *'great'* and *'really helpful.'*

However, on occasions it also became apparent that the ECAs were not orientated to meeting the student's learning needs. In some instances this meant that the student observed while the ECA did the work. For example, one student, Maree, reported a situation where it was immediately apparent that the ECAs were unaware of the student's needs. She recounted:

Last night one [ECA] just grabbed me and said, 'Look, you have to watch me give this lady a shower'. And she was really bossy and I said, 'Oh, I've got something else to do', and she said, 'You have to come with me, you don't have to do anything if you don't want to, but you're coming'. So I just trotted off like a good little girl and stood there.

The group discussions enabled the students to reveal their conflicting responses to the way they were being treated by the ECAs. Their comments illustrate that while they had a strong desire to fit in, on occasions they were somewhat affronted by this. In part, some of the problems students experienced when working with ECAs were associated with a requirement that these carers complete what was a heavy workload. The tensions were made explicit when one student observed, *'we understand that they have got a job to do and they have to get it done fast'*.

In Stage One, at their request the students' concerns were relayed to the preceptor groups via the feedback loop. The preceptors subsequently implemented strategies to facilitate the ECAs participation in the teaching and learning processes. For example, Joan described the way that she supported the ECAs to develop their teaching role in the provision of manual handling and hygiene care. In the first instance this required explaining what she expected of them when working with a student. Joan reported:

At the beginning... during handover, I talked with the ECAs ... about what I wanted them to be responsible for and how I wanted them to give [the students] information... I encouraged the ECAs to explain... what they're doing and why they're doing it... [I wanted them] to try to include the students and not to take over from them and not to take it out of their hands... to try and encourage them to share their knowledge, as it were.

In Stage Two of the project it was further apparent that the preceptors had taken on board the concerns of students when working with the ECAs. This became evident at one facility when a preceptor recounted:

We did a lot of preparation before the students arrived, with ECAs at handovers etc, in talking to them about what we were hoping the students would achieve and get out of being here and doing this aged care prac. So the ECAs took that on board. They're proud of the work they do, so they're more than happy to show it off.

Despite this there were still instances in Stage Two when the students reported the ECAs taking over and the student being cast into the role of observer, where as one student remarked, the *'carers do all of the hygiene care, washing, taking them to the toilet and that sort of thing'*. Again they struggled to make sense of this after their time in acute care, where one argued, *'in an acute setting you wash the patients and you do all the hygiene care and you do the medications'*. However, during Stage Two, reflective of the students' growing sense of confidence and competence, they began to be more assertive in their dealings with ECAs.

#### **5.4.7 Continuity of experience**

In both stages of the project, as each practicum progressed, it became apparent that the students built a good rapport with their preceptors. This enhanced the teaching and learning experience for both parties, as one student, Michelle, reported:

Now they know us a bit better and we know them better... we can joke... it's like they're letting us in to see their personalities and stuff instead of just being a registered nurse ... [And] you develop this camaraderie... it's really good and you can see they all enjoy it... and it's good for us.

The significance of developing rapport, a product of working with their preceptors over time (continuity), is well documented in the literature (Cahill 1996; Watson 1999). In the context of this project, the importance of continuity between the two came into sharp relief when the students spoke of the difference between working with preceptors who were involved in the research and those who were not. Kylie made this point when she described her experience on a shift with an RN who was not involved in the project. She said:

We had a different person ...a yuk day today... we didn't know how to take her, didn't know her personality... she turned up and did everything different to the other preceptors and didn't have very good communication skills and she wasn't very tactful in the things that she said to us... [when she gave] feedback.

Another student recounted a similar experience when she reported:

We had someone that we'd never met before come in the other day and... [it was apparent that] they don't realise what we do, because they haven't been with us. So I found that she [the RN] ran off and did an injection and then came back and said, 'Oh maybe you could have done that.'

Continuity between students and preceptors meant that the students were given an opportunity to problem-solve and to engage with their preceptors in an interactive way rather than being instructed. This also fostered the preceptors' confidence in the students, as Meg, a student involved in Stage One, commented:

I think at first the preceptors seemed a little cautious about what they let us do, they sort of [thought] 'Oh I'll let you do this'... and then as time has gone on they've got a lot more confident in us and they know what we know and... let our leash go a bit longer or something like that. Which is really good.

Students involved in Stage Two shared similar experiences. A number noted the difference between their practicum in aged care as compared to the hospital. One reported:

This prac has been absolutely tremendous opposed to my previous prac in the hospital... [There] in eight different days I had eight different preceptors, which was just so challenging it was unbelievable. Because you felt like you were banging your head against a brick wall and not getting anywhere.

Other students in this stage made similar comments, all of which highlighted the problems associated with a lack of continuity between students and their preceptors in the hospital. Continuity of areas was also seen as having a significant impact on the teaching and learning experience. For example, while an examination of the rosters at one facility revealed that there was not a great deal of continuity between individual students and preceptors, the small size of the wards meant that this was not a problem. As the students worked in one ward for the entire practicum, given the small number of registered staff, they inevitably doubled with the same preceptors over time. Indeed, sharing students between preceptors was seen as valuable exercise especially given the aforementioned demands associated with being a preceptor.

While continuity of preceptors was not seen to be an issue at one facility, it did have a significant impact at the other as students moved to a new area every two or three days, with the intent being to give them a diverse experience. While this had an impact on continuity, most students involved in Stage One reported that they liked moving to different area, while at the same time appreciating the benefits of staying in the one area for a few days. As one reported, *'I'd like to get experience in all areas [but] I think it was good that we had at least two days in hostel before we changed.'*

Indeed, working in the same area over successive shifts was seen as a significant factor in developing confidence and independence among students. As one student involved in the Stage One noted, *'being in the same place... we knew what to do. We knew where things were and we knew how they liked things done.'*

Another student in this stage added that working in the same area over time meant that you *'feel more comfortable initiating tasks for yourself'*. The importance of continuity was further illustrated when another student reported:

I think when you know the place... you feel like you're more help to the staff and that boosts your confidence... And you know what happens, you get to know what happens in a general morning shift... so you can just jump in and do something, help someone.

Students in the second stage of the project also found the constant rotation of areas difficult. Sometimes they worked a single day in a specific area and then moved to another area the next day. Through the feedback loop the students were able to address this concern and appreciated the changes subsequently implemented by the preceptor group. One student reported on the impact of this change when she said:

The fact that we've been in the same area for more than a day,... we had four days in a row in [one area] and now ... we're going to have three days in a row in hostel, makes a big difference.

Other students also commented on the importance of continuity, or working in the same area over successive shifts, in facilitating a process where students got to know residents. One suggested that this was significant because *'you get to know the names of the residents... and I think that helps remarkably, to know their names and what room they're in, and what they may do during the day'*. Similarly, another student noted, *'it's always better to be able to say their name when you walk past them in the corridor. You say, "Hello", and then their name'*, while yet another commented on the benefits associated with getting *'to know how they behave ... what they're like'*. This also aided the students' integration into the facility, as one student argued:

You know whether they want to sit in the sitting room, or whether they want to go outside and have a smoke, or whether they like to sit in their room and watch TV and where they have their lunch. You're not constantly asking people questions. You don't feel like you're so much of a burden on the people [staff] you're around and therefore it gives them a little bit of a break and you seem to slot in a little easier.

## **5.5 The unexpected benefits of being a preceptor**

All the preceptors suggested that having students in their facilities provoked them to engage in professional development activities. One noted that while she found students a *'challenge ... it's*

*good to have those challenges ... It stimulates your own interests in different areas of what you do ... that gives me a bit of a buzz*'. At the same time the preceptors found that working with students caused them to critically reflect on their practice. As one preceptor, Jessie, argued, *'you're reflecting back on your own practice at the same time as teaching'*. Kelly further highlighted this when she said:

Normally... you do your job because you have done it [so often before], and you don't have to think. But now [working with students] you have to think, [and explain to them], 'Now I'm doing this because of this and hoping the outcome is going to be this', and relating this to your student.

Reflecting the degree to which students prompted preceptors to engage in critical reflection and challenge the performance of what had become habitual practices became apparent when another preceptor suggested that:

I just try to look on it as being an opportunity to brush up on my own attitude on what I do. I know I take short cuts at times and I shouldn't. And it's been really good to reflect on my own practice, and I find it [having students] really helpful. It's given me a new interest, a bit of a push to do things as well as I can.

Reflecting her appreciation of the students' comments and being challenged, she went onto say: *'I think that it is good sometimes to have that said to you... because you think, "Oh, yes, I know that and probably I've slipped off the path a bit today"'*. Similarly, Nancy, recounted:

I said to them [students], 'You are teaching me a lot as well'. ... Different little things. I would ask them something and... they would say, 'So, you do it that way, we've been told we should do it such and such a way'. And I would say 'Oh, yes, well really, that's the proper way I suppose'... we probably cut a few corners sometimes because we are busy.

Such comments illustrate that the presence of students provoked the preceptors to confront the implications associated with the routinisation of their practice. As Nancy went onto argue:

If we're doing things day after day, not thinking about it, there is always the chance that maybe you have slipped up on something that you shouldn't have slipped up on.

Moreover, another preceptor suggested that working with the students had, *'increased my knowledge base in the three weeks'*. Reflecting on this comment Jessie posited that this also had positive effects for the ECAs in working with students. She argued that by working with students the ECAs:

have reflected on what they're doing ... with [providing] hygiene [care]. When I have actually explained to them, 'I want you to encourage them [the students] a bit more, to have hands-on with them and explain exactly what you're doing and why you're doing', it makes them [the ECAs] think too. 'Why am I doing this?'

Penny, another preceptor, also said that helping students with their clinical inquiry assignment (where they undertook a case study of a resident as a part of their assessment in the practicum) also caused her to seek information and develop her knowledge base. She reported that when a student asked her about the care provided to a resident who was the subject of the paper, she replied, *'I don't know but I will go and find out for you'*. In the process she discovered that the resident was

*'on angina medication'*, and that *'she was constipated and angina medication causes constipation'*. It was something of a revelation. Nancy reported similar effects when she said:

I probably think a bit more of what I am doing when I'm doing it. It was just interesting that when you are in that role [as a preceptor] that you do think a lot more about it [your practice]. I suppose it [working with students] makes you think more about it because if you are passing on wrong information to someone it's not good. So you just need to be sure of what you are doing. But I know there were a couple of drugs that I've been giving and thinking, 'I must look this drug up'. So in that way it was good because I took time to do it because most times you're running and you think, 'I'll do that later' and 'later' never comes. So we did it as we went, which was good... [As a learning experience] it was as good for me as it was for them.

The students were also aware that their asking questions and challenging the preceptors provoked them to think about their practice. Critically reflecting on the situation at one meeting, Catherine suggested:

I found a lot of them, the RNs they relax on some of the protocols. And it's not until we come in and say, 'Oh well this is how we've been taught' and they're like, 'Oh well we are really supposed to do that.'

In terms of making sense of this phenomena, Lucy argued that *'A lot of them... were taught differently, so when they see us doing different things, they say "Oh, so that's how you're doing it now"'*. At the final meetings the preceptors revisited this issue and critically reflected on the ways their professional development had been facilitated by working with the students. One preceptor commented that the students:

... made me reflect on my knowledge and what I was doing and go home and look up things, in my old textbooks, that I was not sure of.... They just made me think about what I was doing, making me double check myself.

It was also apparent that their knowledge, skill and confidence as preceptors had improved. Tracey argued this when she said:

I think I am much more aware now of what I need to focus on with the students. I feel more comfortable actually demonstrating things and showing them how things are done ... whereas before I was quite unfamiliar with it [being a preceptor]. I think it's learning how to teach somebody else, and it's not something you instinctively know. I think it is something you have to practice first and you get better at it as you go along.

Other preceptors concurred, and following the completion of Stage Two of the project, reported that they were more familiar with the role of the preceptor and more comfortable and confident to work in this capacity. As one noted, *'I felt more confident as well with them'*.

## **5.6 Student changes as the practicum progressed**

As the clinical practicum progressed the changes in the students were profound and far reaching. Their confidence, attitudes and ability to communicate were all developed. Issues addressed in this section include:

- increase in student confidence;
- recognising the individuality of residents;
- the change from being task orientated to a more holistic focus.

### 5.6.1 Increase in student confidence

As the practicum unfolded the students described gains in both competence and confidence. Increased confidence related to a greater familiarity with the workplace, the unit routine, and ever increasing participation in clinical practice. As one student commented, *'we know what has to be done now and we know where to look for things and don't have to ask so much "what can we do now?" sort of thing'* Another student involved in Stage One, Catherine, described the change as *'we're a lot more competent'* and went on to relate how her ability at drug administration had improved, saying:

I found in the first week with the drug round, I was just watching everything, but last night, my RN was basically following me around while I was giving out the drugs. It's a big difference.

Similarly, another student in this stage, Prue, suggested that:

You have confidence in yourself and you know that you can actually do it and therefore you can go out and be forward in your thinking in what you can and can't do. You don't hold back.

The preceptors also reported that over the course of the practicum the students gained in confidence and initiative. Indeed, at the end of their three week placement they appeared to be very comfortable in the aged care environment, as one preceptor noted:

The first week they were timid, shy, apprehensive, and anxious. They were a very quiet group. But even on Monday morning [the next week] they were talking more and just seemed more comfortable doing the drug rounds with the RN. That growth happened over the weekend... they obviously reflected on their practices through the week and came back with that confidence.

Other preceptors, in both facilities, made similar comments. One noted that *'there was a big difference in their confidence, doing BSLs, blood pressures, injections and dressings'*, while another, Jessie, suggested that the students *'seem to know the routine of the day [and] can anticipate things as well'*.

At the same time it was apparent that the preceptors felt very positive about the students' development in practice. In the third week Jessie reported:

They started asking good questions, their questions were more nursing orientated this week. For example, one of the girls was querying why a gentleman was on Nucalox because he has a problem with diarrhea.. I thought that was very perceptive.

It was apparent that increasing confidence among the students was critical to their taking a more 'hands on' role. Indeed, preceptors noted the students increased involvement in activities, while

they functioned more as observers. One preceptor described this as *'a role reversal'* and that *'we were also feeling more confident with their skills so we take on a more supervisory role'*.

In terms of building student confidence the preceptors emphasised the importance of giving them encouragement and good explanations to their questions. Highlighting the importance of continuity of areas in which the students worked, they also recognised that increased familiarity with the staff was also significant. As one preceptor noted, *'when they got to know our faces and knew a few of us they felt better about it ... it was just nice that as time went on everyone became more familiar to them'*. Reflecting the students' comments on the importance of building rapport, cited previously, another described this change in terms of the students *'feeling part of the team'*, such that *'every time you saw them, they said hello and big smiles, knew their way around.'*

These comments demonstrate the growing sense of collegiality between the students and staff. Importantly the preceptors also noticed a concurrent change in the students' attitudes toward aged care. For example, in the last week one preceptor commented that despite some students not wanting to come to aged care, they had told her that they were *'really pleased now that they had come because they really enjoyed it'*.

### **5.6.2 Recognising the individuality of residents**

Initially, the students were pleased and perhaps relieved that they found elderly people enjoyable to care for. They were fascinated by the residents' stories of living in a rural community without electricity, hot water and television. As one student commented, *'you meet some [residents] who are just amazing'*. With progress in the practicum it became increasingly important for students to get to know the residents as people. Their comments indicated that having a better knowledge of residents helped them to understand their particular personalities and behaviours essential in the provision of care.

In Stage One, the second week of the practicum seemed to be especially significant. While some of the cohort spoke of interacting with the residents in ways that demonstrated a predisposition to engage in stereotype labelling processes using comments such as *'cute'*, it was also apparent that others really appreciated the opportunity to get to know residents. For example, Lucy expressed her new found appreciation of elderly people when she said, *'it's really good to realise that they have different personalities and some of the [residents] are really funny and some... it's a bit sad'*. Ellen also acknowledged the importance of getting to know residents which enabled her to better account for their idiosyncratic habits. She recounted:

Finally [I am] realising what each resident needs and how they like their things done. There's this one guy and he won't eat breakfast until you give him his pills, but they're only Aspirin, so it's not going to make any difference. You just realise things like that, that each of them like having [things done in certain ways]... You just realise how different everyone is I guess.

Implicit in this was that the students were developing an appreciation that their elderly clients once led an active life, were part of the community, brought up a family and contributed to society in many positive ways. During one meeting Ellen commented on this, saying:

They've all got backgrounds,... a lot of them have families that come in and some of them don't... [For example] you can see there's a really nice old man that seems like a lovely person but then you wonder why his family doesn't visit



him. But he could have been an abusive husband or whatever and you don't realise that... there's so much to their past lives... Because you're seeing them now, they're dependent on you to do all these things and you sort of forget that they've had this life, they've been able to run around and drive cars and do everything. And I guess you forget that, when all they do is sit down all day and read a book or something.

The preceptors also commented on the difference in the students' perceptions of nursing elderly people. Gwen commented that *'they see them as living people now and not just old aged [people].'*

Interestingly, in the last week of the practicum, in response to some of the language used by both their peers and some RNs, students in both facilities commented on the use of ageist language — words such as 'cutie', 'darling' and 'duck'. Reflecting on the use of this language, Ellen commented *'I just thought it's not such a nice thing to say... "darling", especially when they are that much older than me... I think it's degrading'*. Another student, Jill, offered her view on this issue saying:

I think there's a bit of a myth about aged care that you just go in and treat them like children. Personally, makes me quite angry, because a lot of them have led extremely interesting lives. I mean, they're adults, they've done things, been places, seen things that we'll probably never see because of the age they grew up in and I think to treat them like children, even if they've got dementia or something like that, I think it is a bit disrespectful really to treat them like a child. I mean, you do what you have to do for them, if you've got to feed them, then you feed them, but I personally, don't believe you should look upon it, like you're feeding a child. I mean you are feeding an adult, but they can't feed themselves.

Such comments raised an interesting point of discussion where students considered the issues around the appropriate ways to relate to residents. A particular focus of one discussion was dealing with residents with dementia. For example, one student argued:

Sometimes you can't help that [to treat them like children] because [when they have late stage dementia] it's like they are children. When you're feeding them and they can't talk to you, they can't communicate and so they are exactly like children... their actions are childlike in the way that they can't look after themselves and you do have to protect them.

However, other students took offence at referring to residents as *'good girl, good girl'*. Maree argued that this was *'totally disrespectful in any situation'* Anne agreed, arguing, *'I think you need to treat them with respect, whether they are an adult, child or however old ... they are not a child, they are an adult that needs help'*. Finally Jill suggested:

I think if you start treating them like children you risk falling into doing things for them that they are capable of... You just risk falling into that trap of doing—treating them like a child and doing more for them than you should be... things that you should be pushing them to be doing independently, because of time constraints and the attitude that they can't do it themselves and they are just children anyway, so they won't care or they are demented so they won't know. It comes back to giving them the best care you can and that includes pushing them to be independent and to do what they can and not doing it for them when you shouldn't be.

This discussion demonstrates the sophisticated ethical issues confronted by these novice students in the process of developing appropriate practices for caring with people with dementia. It is apparent that it was extremely important to share their ideas and experiences; to consider the implications of their practices, and to develop new insights into what it means to be a nurse in aged care.

### 5.6.3 Change from being task orientated to a more holistic focus

In the first two weeks of the practicum the students were primarily focused on getting experience in the performance of tasks. However, in the third week of both cohorts their focus shifted to considering residents in a more holistic manner. A key to this was developing both confidence and competence in communicating with residents. Indeed, the participants' accounts indicate that the students developed their competence in communication within relatively short period of time. This was important because as one student, Anne, suggested, *'it's half the battle to talk to somebody and to get them to trust you... if you can talk to them [residents]... and make them feel comfortable, then you've got half way already'*. Implicit in this realisation was developing a new perspective of the importance of attaining technical competence. In other words, as their engagement with residents began to flourish, the students came to a new appreciation that nursing in aged care was more than involvement in tasks. Kylie suggested this when she argued that *'the technical side isn't necessarily the number one priority, it's more to other side communication that's important'*. She went on to make her point saying:

If you know the drug and its adverse effects, but if you don't know how to approach the person and get them to take it, then it's really no good to you anyway.

The latter comments highlight the shift in students' interests and understanding as the practicum progressed. While gaining competence in the performance of tasks had been a high priority in the first two weeks, by the third week they had begun to get a glimpse of what one student described as *'the big picture'*. Meg encapsulated this sentiment when she said *'we're not looking for curative things here [in aged care], it's more [having a focus on] the quality of life'*. Further reflecting this shift of interest, Kylie commented that her concerns were now more firmly focussed on developing her assessment skills. She said, *'I'm just finding you're constantly assessing people all the time, when you're talking to them you're assessing them, when you're showering them, you're looking for things'*. Another student, Jill, expressed a similar view, which highlighted that with growing familiarity and confidence, students will broaden their horizon of interest. She reported:

I think for me the biggest [change in focus] has been... [a recognition of the importance of] assessment... and not being so focused on the practical task any more because that is becoming more routine.

The students' comments during this final meeting suggest that in the process of working through the practicum they became less task driven and more holistically focused. Jean noted this when she said, *'before they weren't so much a person as something we had to do... and now we can fit in the person as well'*. This highlights the changing interests of nursing students over the course of even a short clinical practicum, such as that in which this second year cohort participated. The findings emphasise the importance of preceptors both acknowledging and accounting for this change, and supporting students to develop ever more sophisticated understandings of aged care nursing practice.

## 6 FINDINGS OF THE EVALUATION

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As outlined previously, an evaluation was completed by students and preceptors at the completion of both stages of the project. Interestingly, the evaluation produced very similar results in both stages with no significant differences.

### 6.1 How did meeting in the group contribute to your clinical experience/work as a preceptor?

The comments from both the students and the preceptors point to the importance of having the opportunity to meet as a group for information sharing and debriefing. Both the students and the preceptor groups believed the meetings were important to their overall experience.

- 97% of all student participants rated attending the meetings as ‘important/very important.’
- 100% of the preceptors rated attending the meetings as ‘very important.’

The opportunity to evaluate their experiences also allowed the students to express their opinions on residential aged care. The meeting clearly offered a forum for both students and preceptors to discuss their issues and concerns and to develop strategies to maximise possibilities for effective teaching and learning in practice.

Comments made by students in relation to the value of the meetings included:

- ‘excellent to give and receive feedback without confrontation’;
- ‘the meetings were an outlet for discussing concerns, worries ... this contributed to my confidence and learning experience’;
- ‘listening to other students’ opinions allowed me to open my horizons a bit more’;
- ‘made more clear to myself areas in which I needed to expand or attempt during my experience’;
- ‘it helped me see what I did from a variety of perspectives’;
- ‘it was incredibly valuable to be able to reflect on my practice and compare it with others’;
- ‘to understand what I was feeling was also being experienced by someone else, and that they were normal or common feelings’;
- ‘because it has helped me to express my feelings’.

Comments made by preceptors in the evaluation in relation to this issue included:

- ‘they provided support, direction and advice to adjust programs to suit student needs’;
- ‘they helped me formulate ideas and strategies’;
- ‘allowed me to gain a good understanding of the preceptors role’;
- ‘the meetings gave me ideas of what has worked for others and kept me focused’.

## **6.2 How significant was getting weekly feedback from the preceptors and being able to give them feedback?**

The evaluation further confirmed the significance of the feedback loop between the student and preceptor groups in facilitating the development of teaching and learning.

- 92% of students from Stage One rated receiving feedback as ‘important/very important.’

Comments from the students further highlighted why the feedback loop was important.

- ‘it helped you understand where they [the preceptors] are coming from’;
- ‘it helped you gain confidence when positive feedback was given’;
- ‘very good as you could see the improvements even after the first meeting’;
- ‘they were able to help us with what we really wanted’;
- ‘it was important because it helped me know if I am meeting the competencies required of me as a student nurse’;
- ‘it helped us know what our preceptors wanted from us’.

## **6.3 Would you consider aged care as an area you might work as a RN?**

The findings in Stage One, reported above, illustrate that over the course of the practicum, the students experienced something of a cultural shift in their attitudes to the residential aged care sector care. These findings were further confirmed in the evaluations of Stages One and Two. In response to the question, on entry to each facility:

- 36% of students said they would/maybe consider aged care as a future employment option.
- 64% of students indicated that they would not consider aged care as a future employment option.

On completion of the clinical practicum placement:

- 92% of students said they would/maybe consider aged care as a future employment option.

- 8% of students indicated that they would not consider aged care as a future employment option.

These responses have important implications for the recruitment and retention of registered nurses into residential aged care, with the majority of this student cohort now considering working in aged care. The value of the methodology utilised in this study was highlighted by an overwhelmingly positive experience for both the students and preceptors. This was further demonstrated by both the students and preceptors responding favourably to the feedback loop, and by evidence that employing this feedback loop encouraged student nurses who held negative preconceptions of aged care to develop a more positive attitude toward older people and aged care.

Comments made in the evaluation by students included:

- ‘I thought aged care would be terrible, but now I really don’t mind it’;
- ‘It’s a lot more interesting and fun than I first thought’;
- ‘I was very dubious about working in aged care, as it is generally perceived as a low status job for nurses, but I have enjoyed working in this area immensely’;
- ‘The stigma of aged care—boring, slow and dirty, has been lifted due to good experiences’;
- ‘I was very age—a-phobic before I came here, but now I am quite comfortable’;
- ‘I have seen what is expected of a RN in aged care and enjoyed the experience’.

These comments demonstrate the students’ new appreciation of elderly people and aged care as a career option. This shift in thinking was further highlighted when the students were asked to list the most enjoyable aspects of their placement in aged care:

- ‘the people, the learning’;
- ‘preceptors making the experience worthwhile’;
- ‘the RNs, ENs, ECAs were all fantastic, very friendly, supportive and helpful. It has been a great learning experience’;
- ‘being accepted by staff and residents, and to have preceptors that wanted to help and teach us’;
- ‘the residents are a joy to work and be around’;
- ‘discovering the individuality of the residents, realising I do know something, being accepted as part of the staff, gaining confidence in clinical procedures’.

## **6.4 Was working in the residential aged care facility what you expected?**

The students were asked to complete this question as part of the final evaluation.

- 40% of the students responded 'No'.
- 60% of the students responded 'Yes'.

Student comments included:

- 'I never ever wanted to work at an old person's home, but it was totally different to what I thought. Most of them have gorgeous personalities that make it a pleasure to look after them. It was a very good experience';
- 'It was not what I expected, but this was due to my former preconceptions';
- 'I realised there is a lot more to being a RN in a nursing home than just 'popping out pills', such as: supervision of other staff, organising appointments, outings and taxis for the residents, problem solving and decision making';
- 'I had negative ideas of what it would be like. I like it now, but I feel I don't want to work in aged care';
- 'Heaps better than expected. I thought it was going to smell really bad!';
- 'A great learning experience'.

These findings illustrate the significance for recruitment of nurses into aged care associated with appropriately supporting both students and their preceptors during clinical practicums in the sector. The opportunity to discover both the complexity and engaging nature of nursing work in residential aged care, resulted in a transformation of student attitudes and an associated change in their potential perceived employment options.

## 7 DISCUSSION AND RECOMMENDATIONS

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The Residential Aged Care Preceptor Project involved a group of undergraduate nursing students and their aged care nurse preceptors in a series of parallel focus group discussions. Here they were encouraged to recount their experiences of being a preceptor or preceptee, and to develop a preceptorship model to facilitate teaching and learning. The findings indicate that the collaborative nature of the research project, combined with the interactive processes employed (the feedback loop and development and distribution of case notes), facilitated positive outcomes for both the participants and their respective institutions. They also demonstrate the benefits associated with adopting this innovative approach and the effectiveness of utilising a collaborative and participatory method in the preparation of preceptors. The significance of these findings cannot be underestimated in what is an almost complete absence of literature addressing strategies to facilitate teaching and learning among undergraduate nursing students in aged care.

The outcomes of this project support the anecdotal evidence that aged care nurses generally lack the confidence to act as preceptors. It was apparent through participation in the project that both their confidence and recognition of their abilities rapidly increased. Participation in weekly project meetings, where they had the opportunity to share experiences and develop strategies to facilitate teaching and learning, enhanced this process. Indeed, it is apparent that meeting together and sharing issues, concerns and experiences were very important. The project evaluation illustrates the importance of these meetings in providing ongoing motivation and support to continue the process of developing an effective preceptorship practice. Similarly, the feedback loop was also seen as a highly effective strategy in developing the preceptorship process.

It is evident that the preceptors involved in the project fulfilled their responsibilities as outlined in the literature: to teach and facilitate learning (Anderson 1991; Oullet 1993; Burke 1994; Atkins and Williams 1995; Busen and Engerbretson 1999); to encourage the development of an increasingly independent approach to practice (Anderson 1991; Busen and Engerbretson 1999); and to promote the development of a positive self-image and confidence (Zerbe and Lachat 1991; Busen and Engerbretson 1999; Usher et al. 1999). Developing rapport with the students was critical to these activities. It was an issue identified by both preceptor research groups early on in the project.

The following recommendations and strategies arise from these findings:

1. Registered nurse preceptors in aged care require ongoing support to develop their role with students.

Specific strategies to facilitate this include:

- Preceptors should have the opportunity to meet prior to students' entry into an aged care facility to familiarize themselves with the student's academic program and associated expectations of practice. This should inform the development of structures and processes to effectively support students entry to practice.
- When students are in practice it is recommended that preceptors attend weekly meetings where they have the opportunity to share their experiences and collaborate in developing strategies to facilitate teaching and learning.

- If possible an independent third party should facilitate such meetings. The clinical teacher generally assigned to support students in practice is ideally situated to fulfill this function.
- In the context of an independent third party facilitating the process, a feedback loop between preceptors and students should be instituted, where the preceptors themselves determine what information is or is not shared.

The findings highlight that the student nurses also had a very positive experience within the project. Notably, a key finding was the importance the students attached to being welcomed. This was significant because on entry to the units they reported being extremely anxious. As such they were most comfortable in beginning practice in an observational role. Furthermore, the students indicated that the critical element in being welcomed was the positive, affirming and accepting attitude of their preceptors. While extending a warm welcome may seem to reflect common sense, the literature does not emphasise such activities. However, in the context of this project the students made it abundantly clear that feeling accepted was instrumental in facilitating ongoing communication, thereby promoting an environment conducive to a productive learning experience. This was evident in the speed at which the students became more confident and felt comfortable in identifying and expressing learning needs. An important role for preceptors in assisting students to make this transition is recognising the importance of having a knowledge of the student's background and acknowledging that a key function of preceptors in aged care is to assist students to 'make sense' of their experiences with residents— that is, to 'demystify' aged care. At the same time it became apparent that students will inevitably work with unregulated staff (under the supervision of an RN) when on clinical placement in aged care. In these circumstances, the findings illustrate the importance of preceptors taking a proactive role in ensuring that such staff are appropriately prepared, understand the students' learning needs, and understand their role in facilitating a positive learning experience.

The following recommendations arise from these findings:

2. When functioning as a preceptor to undergraduate nursing students in aged care contexts, registered nurses should:

- acknowledge the critical importance of welcoming the students and facilitating their acceptance into the facility, to establish a productive learning environment
- recognise that students have different backgrounds and learning needs, solicit this information, and structure their teaching in response
- be aware that *novice* students entering a new facility are highly anxious and will often feel most comfortable to begin their experience in an observational role. However, preceptors should also be sensitive to the students' developing competence and confidence, and structure their facilitation in response.
- acknowledge that a key role of the preceptor is to 'demystify' aged care and highlight the complexity and intricacies of aged care nursing
- support the integration of ECAs and ENs, who may work with students under the supervision, by briefing them on the students' capacity, learning needs, appropriate strategies to facilitate teaching and learning and role of the RN as primary facilitator.



These project findings also highlight the importance of achieving a high level of continuity between preceptors and students over successive shifts. Indeed, the participants' comments suggest that working together over successive shifts was highly beneficial and valuable for both preceptor and preceptee. Given the anxieties associated with entry to an unfamiliar environment, as well as the need to orientate and gain confidence, this is reasonable. The significance of continuity is further emphasised in the students' comments of those times they worked with a 'stranger' who was not part of the research project. Such comments also suggest the importance of preceptors meeting together to develop a consistent approach in their dealings with students, the strategies they employ to facilitate teaching and learning, as well as being responsive to the requests of students through the feedback loop.

The following recommendation arises from these finding:

3. Facilitators of clinical practicums should make a concerted effort to achieve a high level of continuity between students and their preceptors.

Specific strategies to facilitate this include:

- Continuity is critical to the development of rapport, the ongoing assessment of student performance and the subsequent implementation of appropriate teaching and learning strategies for each student.
- It is apparent that utilising a collaborative approach to the project was critical to its success. As outlined in this document, all parties indicated that they benefited from attending regular research meetings where they had the opportunity to discuss their experiences, issues and concerns. Similarly, reports from the participants indicate that the feedback loop between the respective groups was a highly effective strategy to facilitate the rapid development of the preceptorship program in ways that met the need of both the students and their preceptors. The project also demonstrates the efficacy of undergraduate nursing students engaging in a collaborative research project where they have an opportunity to critically reflect on issues that impact on their practice and, in the process, determine the agenda for change.

The following recommendations and strategies arise out of these findings:

4. Student nurses engaged in clinical practicums in aged care contexts require ongoing support to fulfil their learning potential.

Specific strategies to facilitate this include:

- Students should attend weekly meetings where they have the opportunity to share their experiences and collaborate in developing strategies to facilitate their learning in practice.
- If possible, such meetings should be facilitated by an independent third party. The clinical teacher generally assigned to support students in practice is ideally situated to fulfil this function.

5. A feedback loop should be instituted between the preceptor and student groups to enable preceptors and students to give and receive feedback, in a non-threatening environment, on each other's issues and concerns.

The feedback loop should function on the basis that preceptors and students decide what information is, or is not conveyed, to the other group. An independent third party, such as a clinical teacher, should operationalise the feedback loop.

Finally, it is apparent that the significance of the project is most obvious in the changes in student attitudes to working in the sector, as reflected in the project evaluation. This augurs well for addressing longstanding problems with the recruitment of new graduates into aged care. It is reasonable to suggest that if students develop a positive impression of working in the sector, by virtue of being engaged in a productive and interesting clinical practicum, then the likelihood of their subsequent recruitment into aged care will be enhanced. This highlights the need to conduct similar studies to further develop our understanding of the issues that impact on teaching and learning in aged care.

6. Further studies should be conducted into the appropriate strategies to precept nursing students in aged care contexts.

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## 9 APPENDICES

### 9.1 Method Helix

Adapted from McGuiness and Wadsworth (1992)

